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## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **USES AND DISCLOSURES**

**TREATMENT** Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we may share your medical records with another physician we refer you to for further treatment.

**PAYMENT** Your health information may be used to bill and get payment from your health plan or other entities. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**HEALTHCARE OPERATIONS** Your health information may be used as necessary to support the day-to-day activities and management of Mann Eye Institute. For example, we can use health information about you to manage your treatment and service.

**LAW ENFORCEMENT** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, facilitate law-enforcement investigations, and comply with government-mandated reporting.

**PUBLIC HEALTH REPORTING** Your health information may be disclosed to public health agencies as required by law. For example, we can share information about you for certain situations, such as preventing disease, helping with product recalls, and reporting adverse reactions to medications.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for purposes other than those listed above requires your written authorization. If you change your mind after authorizing the use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

### **ADDITIONAL USES OF INFORMATION**

**USE OF UNENCRYPTED COMMUNICATION CHANNELS** Mann Eye Institute will provide you with a HIPAA-compliant Patient Portal for all communications. We will send you appointment reminders, promotional updates, and brief messages via unencrypted channels such as text and email. As a patient, you have a choice to participate via unencrypted channels such as email, text, and/or fax. If you do not wish to communicate with Mann Eye Institute via unencrypted channels, reply "STOP" or consult someone in our office.

This Practice does not sell, rent, or lease its customer lists to third parties for marketing purposes. This Practice may share data with trusted partners to help us perform statistical analysis, send you email, text, or postal mail messages about your appointment, and to provide customer support or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services, and they are required to maintain the confidentiality of your information.

**INFORMATION ABOUT TREATMENTS** Your health information may be used to send you information on treating and managing your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

### **INDIVIDUAL RIGHTS**

You have certain rights under the federal privacy standards. These include:

- The right to receive an electronic or paper copy of your medical record.
- The right to inspect a copy of your protected health information
- The right to amend or submit corrections to your protected health information
- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment

- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to get a copy of this privacy notice

**MANN EYE INSTITUTE'S RESPONSIBILITIES** We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised, it is our duty to notify you.

**RIGHT TO REVISE PRIVACY PRACTICES** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recent revised notice. The revised policies and practices will be applied to all protected health information we maintain.

**REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION** You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. Your request will be reviewed and generally approved unless there are legal or medical reasons to deny the request.

Please direct any complaints to Mann Eye Institute's HIPAA Privacy Officer at [info@manneye.com](mailto:info@manneye.com).

Additionally, you may contact the Texas Department of State Health Services, 110 West 49th Street, Austin, TX 78756. Phone number: (713) 799-9975.

If you believe your Protected Health Information (PHI) has been or may have been used or disclosed in violation of HIPAA or the Texas Medical Records Privacy Act, you may file a complaint with the Texas Attorney General's Consumer Protection Division or the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). The OCR accepts complaints electronically through its portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone:

Marisa Smith, Regional Manager  
Office for Civil Rights - Region VI  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202

OCR's Customer Response Center:  
(800) 368-1019