



VisionTech 20/20

Dr. Cynthia G. Phelps, O.D., & Assoc. P.A.

1321 N. Loop 1604 E. Ste. 100A

San Antonio, TX 78232

(P) 210-782-8205 (F) 210-545-2147

**Effective Date: April 14, 2003**

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Dr. Cynthia G. Phelps & Associates are required by law to maintain the privacy of your health information to follow the terms of this Notice and to provide you with this Notice, of its legal duties and privacy practices with respect to your health information. We will not use or disclose medical information about you without your written authorization, except as described in the Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all medical information we maintain. Upon request, we will provide a revised Notice to you.

#### **How Dr. Cynthia G. Phelps & Associates May Use or Disclose Your Health Information**

Dr. Cynthia G. Phelps & Associates protect the privacy of your health information. The law permits Dr. Cynthia G. Phelps & Associates to use or disclose your health information for the following purposes:

- **Treatment, Payment and Regular Health Care Operations**—Information obtained by Dr. Cynthia G. Phelps & Associates will be used to dispense and provide prescription ophthalmic goods and services to you, bill your insurance carrier if you have their party coverage, and to record and monitor the service provided to you. Information will also be provided to you upon your request.
- **As and When Required by Law**—We may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities (for audits, investigations, etc.) judicial and Administrative, Deceased Person Information, Worker Compensations Programs, Food and Drug Administration (FDA for reporting of adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.
- **Personal Communication**—We may contact you to provide appointment reminders, annual eye examination reminders, annual eye examination cards, and other information about treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment for your care.
- **Disclosure to Our Business Associated**—There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose health information about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.
- **Victims of Abuse, Neglect, or Domestic Violence**—We may disclose your health information to a government authority, such as a social services or protective services agency, if we reasonably believe you are the victim of abuse, neglect, or domestic violence.

**Marketing Communications.** We must obtain your written authorization prior to using your health information to send you any marketing materials. We may communicate with you about products or services relating to your treatment care, or alternative treatments, or providers without authorization.





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### **When Dr. Cynthia G. Phelps & Associates May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Dr. Cynthia G. Phelps & Associates will not use or disclose your health information without your written authorization. If you do not authorize Dr. Cynthia G. Phelps & Associates to use your health information for another purpose, you may revoke your authorization in writing at any time. If your state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

### **You have the following rights with respect to Your Health Information**

- You have the right to request restrictions on certain uses and disclosures of your health information. To make such a request, you must complete the Restriction of Use of Patient Information form and submit this request to our office. Dr. Cynthia G. Phelps & Associates is not required to agree to the restrictions that you requested.
- You have the right to inspect and copy your health information as long as Dr. Cynthia G. Phelps & Associates maintains the health information. Your health information usually will pertain to and billing records. To inspect or copy your health information, you must complete a **Request to Inspect Medical Records form** and submit the request to our office. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
- You have the right to request that Dr. Cynthia G. Phelps & Associates amend your health information that is incorrect or incomplete. To request an amendment, you must complete a **Request to Amend Medical Records form** and submit the request to our office. Dr. Cynthia G. Phelps & Associates is not required to change your health information and will provide you with information about the procedure for addressing any disagreement with denial.
- You have the right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for most purposes other than treatment, payment, health care operations, information provided to you, and certain government functions. To request an accounting, you must complete a **Request for Accounting of Disclosure form** and submit to our office. You must specify the time period but may not be longer than six years. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request communication of your health information, you must complete a **Request for Alternative Communication form** and submit the request to our office. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

### **Changes to this Notice of Privacy Practices**

Dr. Cynthia G. Phelps & Associates reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Dr. Cynthia G. Phelps & Associates is required by law to comply with this Notice. The revised notice will be posted in the office and will be available upon request.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about our privacy practices, contact Privacy Officer Dr. Cynthia G. Phelps at the address or phone number shown at the beginning of this Notice. If you think we have not properly respected the privacy of your health information, you may file a written complaint to us or the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.