

Slade & Baker Vision Center  
Policy and Procedure Manual  
Revised 9/15/2010  
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Cindy Dunlap, Privacy Official

Health Insurance Portability and Accountability Act (HIPAA)  
Notice of Privacy Practices

**IN COMPLIANCE WITH THE FEDERAL REGULATIONS OF HIPAA'S PRIVACY RULE, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO IT**

We respect our legal obligation to keep health information that might identify you private. We are obligated by law to provide you with notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reasons we would use or disclose your health information is for treatment, payment, or business operations. We routinely use and disclose your medical information within the office on a daily basis. We do not need specific permission to use or disclose your medical information in the following matters, although you have to right to request that we do not.

Examples of how we might use or disclose health information for treatment purposes might include:

Setting up or changing appointments including leaving messages with those at your home or office who may answer the phone or leaving messages on answering machines, voice mails or emails; prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax or other electronic means including initial prescriptions and requests from suppliers for refills; notifying you that your ophthalmic goods are ready, including leaving messages with those at your home or office who may answer the phone, or leaving messages on answering machines, voice mails or emails; referring you to another doctor for care not provided by this office; obtaining copies of health information from doctors you have seen before us; discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health; sending you postcards or letters or leaving messages with those at your home who may answer the phone or on answering machines, voice mails or emails reminding you it is time for continued care.

Examples of how we might use or disclose health information for payment purposes might include:

Asking you about your vision or medical insurance plans or other sources of payment; preparing and sending bills to your insurance provider or to you; providing any information required by third party payors in order to insure payment for services rendered to you; collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office.

Examples of how we might use or disclose health information for business operations might include:

Financial or billing audits; internal quality assurance programs; participation in managed care plans; defense of legal matters; business planning; certain research functions; informing you of products or services offered by our office; compliance with local, state, or federal government agencies request for information; oversight activities such as licensing of our doctors; Medicare or Medicaid audits.

### **USES AND DISCLOSURES FOR OTHER REASONS NOT NEEDED PERMISSION**

In some other limited situations, the law allows us to use or disclose your medical information without your specific permission. Most of these situations will never apply to you but they could.

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health reasons, such as reporting of a contagious disease, investigations or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to government or law authorities about victims of suspected abuse, neglect, domestic violence, or when someone is or suspected to be a victim of a crime
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative hearings
- Disclosures to a medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial
- Disclosures to organizations that handle organ or tissue donations
- Uses or disclosures for health related research
- Uses or disclosures to prevent a serious threat to health or safety of an individual or individuals
- Uses or disclosures to aid military purposes or lawful national intelligence activities
- Disclosures of de-identified information
- Disclosures related to a workman's compensation claim
- Disclosures of a "limited data set" for research, public health, or health care operations
- Incidental disclosures that are an unavoidable by-product of permitted uses and disclosures

- Disclosures to business associates who perform health care operations for Slade & Baker Vision and who commit to respect the privacy of your information
- Unless you object, disclosure of relevant information to family members or friends who are helping you with your care or by their allowed presence cause us to assume you approve their exposure to relevant information about your health

## **USES OR DISCLOSURES TO PATIENT REPRESENTATIVES**

It is the policy of Slade & Baker Vision for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. Slade & Baker Vision's staff will also assist individuals on a patient's behalf in the delivery of eyeglasses, contact lenses, or other optical goods. During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient's vision or health status may be disclosed without proper patient consent. Slade & Baker Vision's staff and doctors will also infer that if you allow another person in an examination or treatment room with you while testing is performed or discussions held about your vision or health care that you consent to the presence of that individual.

## **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written *Authorization for Release of Identifying Health Information*. The content of this authorization is determined by federal law. The request for signing an authorization may be initiated by Slade & Baker Vision or by you as the patient. We will comply with your request if it is applicable to the federal policies regarding authorizations. If we ask you to sign an authorization, you may decline to do so. If you do not sign the authorization, we may not use or disclose the information we intended to use. If you do elect to sign the authorization, you may revoke it at any time. Revocation requests must be made in writing to the Privacy Officer named at the beginning of this Notice.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your personal health information.

You may ask us to restrict our uses and disclosures for purposes of treatment (except in emergency care), payment, or business operations. This request must be made in writing to Privacy Officer named at the beginning of this Notice. We do not have to agree to your request, but if we agree, must honor the restrictions you ask for.

You may ask us to communicate with you in a confidential manner. Examples might be only contacting you by telephone at your home or using some special email address. We will accommodate these requests if they are reasonable and if you agree to pay any additional cost, if any, incurred in accommodating your request. Requests for special communication requests must be made to the Privacy Officer named at the beginning of this Notice.

You may ask to review or get copies of your health information. There are a very few limited situations in which we may refuse your access to your health information. For the most part we are happy to provide you with the opportunity to either review or obtain a copy of your medical information. All requests for review or copy of medical information must be made in writing to the Privacy Officer named at the beginning of this Notice. While we usually respond to these requests in just a day or so, by law we have fifteen (15) days to respond to your request. We may request an additional thirty (30) day extension in certain situations.

You may ask us to amend or change your health care information if you think it is incorrect or incomplete. If we agree, we will make the amendment to your medical record within thirty (30) days of your written request for change sent to the Privacy Officer named at the beginning of this Notice. We will then send the corrected information to you or any other individual you feel needs a copy of the corrected information. If we do not agree, you will be notified in writing of our decision. You may then write a statement of your position and we will include it in your medical record along with any rebuttal statement we may wish to include.

You may request a list of any non-routine disclosures of your health information that we might have made within the past six (6) years (or a shorter period if you wish). Routine disclosures would include those used your treatment, payment, and business operations of Slade & Baker Vision. These routine disclosures will not be included in your list of disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you must pay for them in advance at a fee of {\$25.00} per list. We will usually respond to your written request (made to the Privacy Officer named at the beginning of this Notice) within thirty (30) days but we are allowed one thirty (30) day extension if we need the time to complete your request.

You may obtain additional copies of this Notice of Privacy Practices from our business office or online at our website address shown at the beginning of this Notice.

## **CHANGING OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change the Notice. We reserve the right to change this Notice at any time. If we change this Notice, the new privacy practices will apply to your existing health information as well as any additional information generated in the future. If we change this Notice, we will post a new Notice in our office and on our website.

## **COMPLAINTS**

If you think that anyone at Slade & Baker Vision has not respected the privacy of your health information, you are free to complain to the Privacy Officer named at the beginning of this Notice. We are more than happy to try to resolve any concern you may have in writing or by phone. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you if you make such a complaint.

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PATIENTS' RIGHTS

The goal of the Slade & Baker Vision Center is to provide all patients with high quality health care in a manner that clearly recognizes individuals' needs and rights. We also recognize that in order to accomplish this goal effectively, the patient and the health care providers must work together to develop and maintain optimum health. As a result, the following patient rights and responsibilities were written.

- To receive considerate care that is respectful of your personal beliefs and cultural and spiritual values.
- To have all things explained to you in terms that you can understand and to have any questions answered concerning your diagnosis, prognosis, and treatment.
- To appropriate assessment and management of your symptoms, including pain.
- To know what the diagnosis is; what the prognosis is; what treatment will be used; how risky treatment is; whether it will hurt and for how long.
- To have all the common side effects of a drug explained.
- To know the contents of your medical records through interpretation by the provider.
- To know your physicians training.
- To know who it is that is interviewing and examining you.
- To have explained to you ways that you can prevent your medical problem from recurring.
- To refuse to be examined or treated by health practitioners and to be informed of the consequence of such decisions.
- To be assured of the confidential treatment of disclosures and records and to have the opportunity to approve or refuse the release of such information except when release of specific information is required by law or is necessary to safeguard you or the university community.
- To be informed and asked whether you wish to participate in medical research that maybe appropriate for your condition.
- To participate in the consideration of ethical issues that arises in the provision of your care.
- To change providers, including physicians outside our practice, at any time during your care.
- To be informed of the cost of surgical procedures prior to surgery.
- To know that we have a grievance process that allows you to voice your concerns.
- To know, Slade & Baker Vision Center does not participate in advanced directives, and will attempt to resuscitate you in the event of a cardiac arrest.

• ***AS A PATIENT YOU HAVE THE RESPONSIBILITY:***

- To provide us with information about your current symptoms, including pain.
- To provide us with information about health history including: illnesses, medical conditions, surgeries, hospitalizations and medications.
- To ask questions if you do not understand the directions or treatment being given by a provider.
- To keep appointments or telephone within a reasonable time ahead if you need to cancel.
- To be respectful of others and others' property while in the facility.

***Confidentiality:***

Confidentiality is important to us as well as to you. You can be assured of confidential treatment of your medical records and will have the opportunity to approve or refuse the release of information. There are a very few exceptions when release of specific information without your expressed consent is necessary in emergencies or is required by law (e.g., in court cases involving claims of insurance fraud, malpractice or liability).

If you require a copy of your medical records please contact our office for a *Release of Medical Records Form*. Complete this form and return it to our office and we will be happy to prepare the copy for you, the average time for copying a medical record is 30 days.

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GRIEVANCE PROCEDURE

**POLICY**

To provide our patients and their families with appropriate recourse for problems and concerns.

**PROCEDURE**

Our patients and their friends and families always treated with courtesy and we listen to all of their concerns/suggestions. Any concerns may be expressed in person, by written communication, or by telephone. Patients or concerned parties are free to discuss problems with any of our staff members. If the patient or concerned party is not comfortable doing so, or if he/she receives an unsatisfactory answer, or has a concern involving one of our staff members, the Office Manager is available.

When a patient grievance is received it will be addressed as follows:

1. All grievance issues will be handled through the Office Manager. If the Office Manager cannot resolve the issue to meet patient satisfaction, the matter will be brought to the attention of the Medical Director. The Medical Directors response will be communicated to the patient in writing or by a personal conversation.
2. All grievances will be handled through the Total Quality Management Committee and the Risk Manager the summary and outcomes will be reported to the Governing Body at the next scheduled meeting.
3. Grievances should be used as a learning tool and the grievances will be discussed at the month staff meetings.

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ADVANCED DIRECTIVE

**POLICY**

The Slade & Baker Vision Center does not honor Advanced Directives and shall resuscitate all patients as necessary and transport them to a hospital.

**PROCEDURE**

During the intact process the patient will be asked if they have a living will to a Do Not Resuscitate (DNR) order in place.

If the patient does have a DNR or a Living Will, the patients will be informed that should an emergency situation occur the patient will be treated with life saving measures and will then be transferred to a facility that may honor their DNR or Living Will options.

Patients having or presenting with DNRs will have such documentations kept on file. Should the situation arise that said patient will be transferred to the hospital and the documentation will go along with the patient.

Any one wishing any information on DNR will be directed to contact their own attorney.

SLADE & BAKER VISION CENTER  
PATIENT ACKNOWLEDGEMENT  
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**PLEASE INITIAL AND SIGN THIS PAGE AND RETURN AT CHECK IN**

You may request a copy of Slade and Baker Vision’s attached policies. Please initial to indicate acknowledgment of the following:

***HIPAA***

INITIAL \_\_\_\_\_ I have been informed of Slade & Baker Vision Center’s “Health Information Privacy and Accountability Act” policy.

***Patient Rights***

INITIAL \_\_\_\_\_ I have been informed of Slade & Baker Vision Center’s “Patient Rights and Responsibilities”

***Grievance Procedure***

INITIAL \_\_\_\_\_ I have been informed of Slade & Baker Vision Center’s “Grievance Procedure”.

***Advanced Directives***

INITIAL \_\_\_\_\_ I have been informed that Slade and Baker Vision Center does not accept advanced directives. I understand that while I am in Slade & Baker Visions Center, the staff and physicians will respond to my medical emergencies and all attempts to resuscitate me will be made, including transferring me to an acute care facility.

\_\_\_\_\_  
*PATIENT SIGNATURE*

\_\_\_\_\_  
*DATE*