



NOTICE OF PRIVACY PRACTICES  
DRS. GOFF & FALKNOR PA  
DBA ENVISION EYECARE & ENVISION OPTICS  
2222 MONTANA AVE.  
EL PASO, TX 79903  
PHONE: (915) 544-6700 FAX: (915) 544-6707  
Privacy Officer: Brenda Nevarez (915) 544-6700  
www.envisioneyecare.com

**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.**

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence. The terms of this notice apply to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past and for any of our records that we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location and you may request a copy of our most current notice at any time.

#### **USES AND DISCLOSURES**

- **Treatment** – Your protected health information (PHI) may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, setting up an appointment, diagnosing medical conditions, and providing treatment.
- **Payment** – Your PHI may be used to seek payment from your health plan, from other sources of coverage such as an employer or government agency, for preparing and sending bills and claims, and for collecting unpaid amounts (either ourselves, through a collection agency, or through the County Attorney's office).
- **Healthcare Operations** – Your PHI may be used as necessary to support the day-to-day activities and management of Envision Eyecare. For example, information on the services you received may be used for financial or billing audits, collection efforts, internal quality assurance, personnel decisions, participation in managed care plans, and defense of legal matters.
- **Law Enforcement** – Your PHI may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.
- **Public Health Reporting** – Your PHI may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.
- **Lawsuits and Similar Proceedings** – Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Military** – Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) if required by the appropriate authorities.
- **National Security** – Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Inmates** – Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect the health and safety of other individuals.
- **Workers' Compensation** – Our practice may release your PHI for workers' compensation and similar programs.

## **ADDITIONAL USES OF INFORMATION**

- **Appointment Reminders and Optical Material Orders** – Your health information will be used by our staff to send you messages or call you about appointment reminders and/or optical orders.
- **Information about Treatments** – Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition(s). We may also send you information describing other health-related products and services that we believe may interest you.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorization for 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.

## **INDIVIDUAL RIGHTS**

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

- The right to request restrictions on the use and disclosure of your PHI. We are not required to agree with your request
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your PHI
- The right to amend or submit corrections to your PHI
- The right to receive an accounting of how and to whom your PHI has been disclosed
- The right to receive a printed copy of this notice upon request

## **ENVISION EYECARE'S DUTIES**

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 that are outlined in this notice.

## **REQUESTS TO INSPECT YOUR PHI**

You may generally inspect or copy the PHI that we maintain. As permitted by federal regulation, we require that requests to inspect or copy your PHI be submitted in writing. You may obtain a form to request access to your records by contacting our privacy officer, Brenda Nevarez. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

## **COMPLAINTS/CONTACT PERSON**

If you would like to submit a comment or complaint about our privacy practices, you may do so by sending a letter to:

Envision Eyecare  
Attn: Brenda Nevarez  
2222 Montana Ave.  
El Paso, TX 79903

If you believe that your privacy has been violated, you may call the matter to our attention by sending a letter describing the cause of your concern to the above address. You may also contact the Federal Secretary of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.