

Privacy Policy

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

- Your confidential healthcare information may be disclosed to other healthcare providers for the purpose of providing you with a continuum of quality healthcare.
- Your confidential healthcare information may be disclosed to your insurance provider for the purpose of receiving payment for providing you with healthcare services.
- Your confidential healthcare information may be disclosed to public officials or law enforcement agencies in an investigation in which you are a victim of abuse, crime, or domestic violence.
- Your confidential healthcare information may be disclosed to other healthcare professionals in the case of a healthcare emergency.
- Your confidential healthcare information may be disclosed to public health organizations or federal organizations in the matter of communicable diseases, defective devices, or a food or medication reaction.
- Your confidential healthcare information may NOT be disclosed for purposes other than those, which are outlined in this notice.
- Your confidential healthcare information may only be disclosed after receiving written authorization from you. You have the right to revoke your permission to disclose confidential healthcare information at any time.
- You may be contacted by office personnel to remind you of appointments, healthcare treatment options or other health services that may be of interest to you. Messages related to follow-up appointments may be left on an answering machine or with the individual answering the telephone.
- You have the right to restrict the use and disclosure of your confidential healthcare information to family members, friends, or others involved in your healthcare or payment for health care services. However, the physician office may choose to refuse your restriction if it is in conflict of providing you with quality health care or in the event of a medical emergency.
- You have the right to receive confidential communication about your healthcare status.
- You have the right to review and request a copy of any and/or all portions of your healthcare information.
- You have the right to request changes be made to your healthcare information.
- You have the right to know who has obtained your confidential healthcare information and for what reason.
- You have the right to have a copy of this Privacy Notice upon request.
- The physician office is required by law to protect the privacy of its patients.
- The physician office will abide by the terms of this notice. We reserve the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information.
- You have the right to complain to the Privacy Officer of this office and to the Secretary of Health and Human Services if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to: ATTN: Privacy Officer, Valley Retina Institute, P.A., 1309 E. Ridge Rd., Ste 1, McAllen, TX 78503
- All complaints will be investigated. No personal issue will be raised for filing a complaint with the physician office.
- For further information about this Privacy Notice, please contact the Privacy Officer at (956) 631-8875.