

**Norman Eye Associates**  
**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review it carefully.  
The privacy of your health information is important to us.

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**OUR PLEDGE REGARDING MEDICAL INFORMATION**

The office of Norman Eye Associates considers the medical information of you, our patient, to be private, confidential, and personal. Our office is committed to protecting information about you. We document the care you receive in this office and need this record to provide you quality care and to meet legal requirements.

This is to inform you of how we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Provide you with this notice of our legal duties and privacy practices with respect to your medical information.
- Follow the terms of the notice that is currently in effect.

**Treatment:** We may use or disclose your health information to physicians or healthcare providers providing treatment to you.

**Family & Friends:** With your permission, healthcare information may be released to a family member, friend or other person to the extent necessary to help with your healthcare, or with payment for your healthcare. This may include your personal representative or other person responsible for your care.

**Your authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Research and marketing Health Related Services:** We will not use your personal information for research or marketing without your written authorization.

**Military and Veterans:** We may release medical information about you as required by military authorities.

**Worker's Compensation:** We may release medical information to those providing benefits for work related injuries or illnesses. The release of such information is controlled by state and/or federal law.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: We may disclose medical information about you in response to a subpoena, discovery request, and other lawful process only after efforts have been made to tell you about the request.

Law Enforcement: We may release medical information in response to requests from law enforcement.

- In response to a court, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- In response to a death we believe may be the result of criminal conduct
- About criminal conduct involving our practice
- In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Inmates: Healthcare information of inmates in custody during treatment may be released to the correctional institution and/or a law enforcement agency of officials. Medical information released would be necessary for this practice to provide you with healthcare; protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

## **RIGHT TO INSPECT AND COPY:**

**You must submit your request to our office to inspect and copy medical information.**

Norman Eye Associates  
1141 36th Ave. NW Suite 102  
Norman, OK 73072

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### **Questions and Complaints:**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of our health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

Contact Officer:  
**Michelle Hacker**  
1141 36th Ave. Suite 102  
Norman, OK 73072  
Telephone: 405-329-8100  
Fax: 405-321-5503