

NOTICE OF PRIVACY PRACTICES

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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.

Adam R. Miller MD PA (“our practice,” “we,” or “us”) is committed to protecting the privacy of your health information. This notice is provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations (45 C.F.R. Parts 160 and 164), as well as applicable Texas law, including the Texas Medical Records Privacy Act (Texas Health and Safety Code, Chapter 181).

Protected health information (“PHI”) is information that identifies you and relates to your health or the care you receive. It includes details such as your name, address, phone number, medical history, and treatment. We keep your PHI in written and electronic records of your visits and contacts with our practice.

If you have any questions about this notice, or would like to submit any written request described in it (such as a request for access, amendment, restriction, or an accounting of disclosures), please contact our **Privacy Officer**, Adam R. Miller, M.D., by mail at 7777 Forest Lane, Suite B-424, Dallas, Texas 75230, by telephone at (972) 566-8200, or by email at drmillermiller@adammillermd.com.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information (“PHI”).
- We must give you this notice of our legal duties and privacy practices, and we must follow the terms of the notice currently in effect.
- You have the right to receive written notification if we discover a breach of your unsecured PHI and determine, through a risk assessment, that notification is required. We will notify you promptly, as required by federal and Texas law.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may revoke an authorization at any time, in writing, except to the extent that we have already taken action in reliance on it.
- Where Texas law or another federal law gives your information greater protection than HIPAA, we follow the more protective law.

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YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your medical record

- You can submit a written request to inspect or obtain a paper or electronic copy of your complete medical record and other health information we have about you, or to direct us to send a copy to a third party you designate.
- We will provide a copy or a summary of your health information within **15 business days** of your request, as required by Texas law. If you ask in writing for a copy of your electronic health record in electronic form, we will provide it within 15 business days unless you agree to another format.
- We may charge a reasonable, cost-based fee as permitted by federal and Texas law.

Ask us to correct your medical record

- You can submit a written request asking us to correct (amend) health information about you that you think is incorrect or incomplete, for as long as we maintain that information.
- In certain cases, we may deny your request; if we do, we will tell you why in writing and how you can submit a statement of disagreement.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Please tell us in writing how you wish to be contacted if it is different from the address or phone number we have on file. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us, in writing, not to use or share certain health information for treatment, payment, or our operations. We are not required to agree. If we do agree, we will follow the restriction except in an emergency.
- If you pay for a service or item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will agree unless a law requires us to share it.

Get a list of those with whom we’ve shared information

- You can ask us, in writing, for a list of times in the past six years we’ve shared your health information outside our practice. The list won’t include sharing for treatment, payment, or health care operations, or sharing you asked us to make. The first list in any 12-month period is free.

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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically — call our office to have a copy mailed to you, or ask for one at your next appointment. We will provide you with a paper copy promptly. This notice is also posted at our office and on our website at adammillermd.com.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- A parent, managing conservator, or guardian of a minor child generally may access the child's health records, as provided by Texas law, unless that access is limited by law or court order. When Texas law allows a minor to consent to their own care, the minor may control access to information about that care as the law permits.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer using the information above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

In the situations below, you can tell us whether and how to share your information, and we will follow your instructions. You can choose whether we:

- share information with your family, close friends, or others involved in your care or in paying for your care (for example, a family member who drives you home after eye surgery or picks up your glasses); or
- share information in a disaster relief situation.

This may include notifying, or helping to notify, a family member, personal representative, or other person responsible for your care of your location, general condition, or death. If you are not present or able to tell us your preference, for example if you are unconscious, we may use our professional judgment to share your information if we believe it is in your best interest, and we will share only the information directly relevant to that person's involvement in your care. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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In these cases we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you. **Example:** We may share your exam findings with your primary care physician, another eye specialist, or a surgery center. We may also send a prescription to your pharmacy or use your eyeglass prescription to make your glasses.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. **Example:** We review patient records to check the quality of our care, and we send appointment reminders and test results.

Bill for your services

- We can use and share your health information to bill and get payment from health plans. **Example:** We give information about you to Medicare or your health insurance so it will pay for your exam or procedure, including checking your eligibility or getting approval in advance.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways, usually to contribute to the public good, and only when the conditions in the law are met. These include: public health and safety activities (such as preventing disease, product recalls, reporting adverse reactions to medications or devices, and reporting suspected abuse, neglect, or domestic violence); preventing a serious threat to anyone's health or safety; health research; complying with state or federal law, including reviews by the Department of Health and Human Services; organ, eye, and tissue donation; coroners, medical examiners, and funeral directors; workers' compensation claims; law enforcement; health oversight agencies such as the Texas Medical Board; special government functions such as military, national security, and presidential protective services; and responding to court or administrative orders and subpoenas.

ADDITIONAL PROTECTIONS UNDER TEXAS LAW

- Please be aware that **your health information may be disclosed electronically**, as permitted by law. Except as permitted by Texas law (for example, for treatment,

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payment, health care operations, or insurance purposes, or as otherwise authorized or required by law), we will obtain your authorization before disclosing your information electronically.

- Some information, such as HIV test results, mental health records, genetic information, and substance use treatment records, has extra protection under Texas and federal law. We share it only as those laws allow, which may require your written permission.
- If we use technology that includes artificial intelligence in your care, any recommendations or records it creates will be reviewed by your licensed eye care provider, who remains responsible for your diagnosis and treatment. Ask us if you would like more information.

SUBSTANCE USE DISORDER TREATMENT RECORDS

If we receive records about you from a substance use disorder treatment program covered by federal confidentiality rules (42 C.F.R. Part 2), we will use and disclose them only as those rules permit. We will not use them, or testimony about their content, in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a qualifying court order.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at adammillermd.com.