



**Your Information.
Your Rights.
Our Responsibilities.**

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 Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have choices in how we use and share information when we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Share limited mental health information as allowed by law
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address worker's compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.

We will provide a copy or a summary of your health information, usually within 15 days of your request. If unable to release information or if a delay is expected, we will notify you within 10 business days and provide the reason for denial or delay. A reasonable, cost-based fee may apply.

Ask us to correct your medical record

You can ask us to correct health information about you that you believe is incorrect or incomplete.

We may deny your request, but we will explain why in writing within 60 days.

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.

We will agree to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We may deny your request if it would affect your care.

If you pay for a service or health care 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 disclosures

You can ask for an accounting of the times we have shared your health information for six years prior to your request, who we shared it with, and why.

Right to revoke authorization

If you sign an authorization for us to use or disclose your information, you can revoke it at any time by submitting a written request. This does not affect information already released under the authorization.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you previously agreed to receive it electronically.

Choose someone to act for you

If you have given someone medical power of attorney or have a legal guardian, that person may exercise your rights and make choices about your health information.

File a complaint

You may file a complaint with us or with the U.S. Department of Health and Human Services.

We will not retaliate for filing a complaint.

YOUR CHOICES

You may tell us your preferences for how we share your information in the following situations:

- Sharing information with family, close friends, or others involved in your care
- Sharing information in a disaster relief situation
- Including your information in a facility directory

If you are unable to communicate your preferences, we may share information if we believe it is in your best interest, or when needed to lessen a serious and imminent threat to health or safety.

We will never share your information without written permission for:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising, but you may request not to be contacted again.

OUR USES AND DISCLOSURES

Protected health information may be transmitted, maintained, or disclosed electronically through secure technologies, electronic health record systems, communication platforms, and contracted business associates for treatment, payment, healthcare operations, care coordination, quality improvement, and other purposes permitted by applicable federal and Texas law.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

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 use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and receive payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues

We may share health information for:

- Preventing disease

- Reporting adverse reactions
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We may use or share your health information for approved health research.

Comply with the law

We will share information about you if state or federal laws require it, except where federal privacy laws prohibit certain disclosures, including for reproductive health care that was lawful where provided and for substance use disorder records protected under 42 CFR Part 2.

De-Identified Information

We may use health information about you to create de-identified information. This means personal identifiers are removed so that the risk of identifying you is very small. Once information is properly de-identified under HIPAA, we may use or disclose it for permitted purposes such as research, quality improvement, or developing new health care services or technologies. De-identified information is no longer considered protected health information and is not subject to this Notice.

Organ and tissue donation

We may share information with organ procurement organizations.

Work with a medical examiner or funeral director

We may share information when an individual dies.

Workers' compensation, law enforcement, and other government requests

We may share information for workers' compensation claims, for certain law enforcement purposes, with health oversight agencies, or for special government functions such as military or national security roles.

Respond to lawsuits and legal actions

We may share information in response to a court or administrative order.

We will only respond to a subpoena if it meets all federal and Texas legal requirements, including 42 CFR Part 2 for substance use disorder records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- We do not create or maintain psychotherapy notes.
- GINA prohibits health plans from using or disclosing genetic information for underwriting purposes
- We will not share your substance use disorder (SUD) treatment records without your written permission.
- We will not use or share your information other than as described in this notice unless you give written permission. You may change your mind at any time by notifying us in writing.

Substance Use Disorder (SUD) and Mental Health Information

We will not disclose your SUD or mental health records without your written consent unless required by federal or state law. These records have additional protections under 42 CFR Part 2 and Texas Health & Safety Code §611 and may only be released for legal proceedings if you consent or a court order specifically authorizes the disclosure.

Texas-Specific Privacy Rule

When Texas law provides stronger privacy protections than federal law—including protections for reproductive health, mental health, and SUD information—we follow the more protective Texas requirements.

Unsecured Email and Text Communication

If you contact us using unsecure communication such as regular email or text message, we may respond in the same manner. These methods may have risks including misdirected messages or unauthorized access. Email should not be used for medical emergencies.

Changes to This Notice

We may update this Notice. Changes will apply to all information we maintain. The updated Notice will be available in our office and on our website.

Effective July 16, 2026, 2026

Compliance/Privacy: Gwyn Nafe, COT, CPCO 325-673-9806, gwyn.nafe@wtxretina.com

This Notice of Privacy Practices applies to the following organization and covers providers and at all Ophthalmology Specialists of Texas, PLLC locations.