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NOTICE OF ELECTRONIC DISCLOSURE OF PROTECTED HEALTH INFORMATION

If we obtain or create information about your health, we are required by law to protect the privacy of your information. Protected health information (PHI) includes any information that relates to:

- Your past, present, or future physical or mental health or condition;
- Health care provided to you; and
- Past, present, or future payment for your health care.

We may not disclose your PHI electronically without your authorization unless allowed by law. For example, we may share your PHI through approved, secure electronic methods for the purpose of treatment, payment for health care services, or health care operations such as case management or care coordination. We may also need to share your PHI electronically for public health purposes such as preventing and controlling the spread of infectious diseases or for certain disaster relief efforts. For a complete list of reasons that we are allowed by law to share your PHI, please refer to our Notice of Privacy Practices.

If you believe that we have violated the obligations described in this notice, you have the right to file a complaint to the Privacy Officer at:

Melissa Hartig, Compliance Officer
c/o Austin Retina Associates
801 W 38th Street, Suite 200
Austin, TX 78705

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