

Notice of Privacy Practices

Last Updated: July 1, 2025

Notice of Privacy Practices

Whitehead Eye Care, PLLC dba Vision Source Kerrville

Effective Date: July 1, 2025

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.

Practice Information:

Whitehead Eye Care, PLLC dba Vision Source Kerrville

708 Hill Country Dr, Suite 100, Kerrville, TX 78028

Phone: (830) 257-5656

Website: www.visionsource-kerrville.com

Privacy Officer: Dr. Phillip Whitehead, Owner

Email: dr.whitehead@visionsource-kerrville.com

Our Responsibilities:

We are required by law to maintain the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and provide you with a copy of it.

How We May Use and Disclose Your Information:

- Treatment: To provide you with medical care and share with other professionals.
- Payment: To bill and receive payment from health plans or other entities.
- Health Care Operations: To run our practice and improve your care.

Other Uses and Disclosures:

- Business Associates: Billing services, IT support, etc.
- Vision Plans & Insurance: VSP, EyeMed, etc.
- Appointment Reminders: Via text, phone or email, including billing/payment links.
- Public Health & Safety: As required by law.
- Legal Requirements: Court orders or legal processes.

Communication: Our office primarily uses an encrypted system for texting and communication in addition to phone calls through a secured VOIP. Standard email may be used on occasion. Our patients also have access to a secure patient portal for direct communication and access to medical records, including glasses and contact lens prescriptions.

No use of PHI for marketing, fundraising, or research without written authorization.

Your Rights:

- Get a copy of your medical record at no charge via patient portal or in print.
- Correct your record if it is incorrect or incomplete.
- Request confidential communications or limitations on disclosures.
- Get a list of disclosures made in the last six years.
- Choose someone to act for you (e.g., legal guardian).
- File a complaint by contacting our Privacy Officer at the above contact info or with HHS Office for Civil Rights.

*A patient's PHI will not be released to any individual who is not explicitly listed by the patient as a person whom we may share any PHI with. (Parent/Legal Guardians of minors will be granted access to PHI unless legal documents specifying otherwise are filed with our office.)

Record Retention:

Patient records are retained for 7 years as required by Texas law.

Minors:

PHI is handled according to HIPAA and Texas law for minors.

Acknowledgment:

Patients must sign an acknowledgment of receipt. A copy is available at our front desk and on our website.