

Notice of Privacy Practices

Our office is required by law to maintain the privacy of your health information and to provide you with this notice. It describes how your health information can be used and disclosed and how you can access this information. Please read this carefully.

We will only use and share your health information for the purposes of providing treatment for you and your family or obtaining payment. Your health information will not be use for any other purposes unless we have asked for and been given your written permission.

We promise to use your health information within our office to provide you with the best possible care. This may include office procedures designed to optimize the coordination of the care between the doctors, the technicians, and office staff. In addition, we may share information with referring physicians, pharmacies, and other health care professionals providing you treatment. We may share you information with your family members or caregivers assisting with treatment or medication. We will ask your permission first.

Because we believe regular exams are crucial to maintaining the health of your eyes, we will send out reminders when it's time to schedule an appointment. We may also contact you to follow up on your care and to inform you of new treatments or services that may be of interest to you and your family. These communications are an important part of our commitment to you to provide to provide the best eye care possible.

Under the new HIPAA (Health Insurance Portability and Accountability Act) laws, patients have certain rights related to your health information. You have the right to restrict the uses and disclosure of your information. You have the right to request that we only communicate with you privately. You have the right to read, review, and copy your information. If you would like a copy of your information, please let us know. You have the right to ask if or how your information have been used by our office for reasons other than the ones described above. You have the right to complain to our office or to the Secretary of Health and Human Services if you believe your privacy have been compromised by this office. Please address your concerns to us in writing.

Other than the procedures stated above, or where required by State or Federal law, we will not disclose your health information without your written authorization. You may revoke that authorization in writing at any time.

Acknowledgment of Privacy Policy

I acknowledge that I have read and understand the privacy policies of this office.

Signed _____ Date _____