

**You have the following right with respect to your medical information**

\*Right to restrict - a patient has the right to request restrictions on certain uses or disclosures of their health information; all reasonable requests will be accommodated, however, this office is not required to agree to the patient's request.

\*Right to alternative communication - a patient has the right to request alternative communications. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

\*Right to amend records - a patient has the right to ask that their medical records be amended if they believe the information is wrong or incomplete. This will not eliminate the doctor's recorded information.

\*Right to an accounting of disclosure - a patient has the right to receive an accounting of disclosures of their health information this office has made after April 14,2003 for most purposes other than treatment, payment, health care operations, information provided to you, and certain government functions.

\*Right to inspect/access records - a patient has the right to inspect and obtain a copy of their protected health information (PHI) as long as the PHI is maintained in this office. A request for records must be submitted in writing by the patient. This office may charge a fee for copying, mailing, or any supplies that are necessary to comply.

**How this office may use or disclose your health information**

The law permits this office to use or disclose your health information for the following purposes:

\*Treatment, payment, and regular health care operations - information obtained by this office will be used to provide ophthalmic services to you, bill your insurance carrier if you have third party coverage and to record and monitor the service provided to you. Information will also be provided to you upon request.

\* As and when required by law - this office may disclose your health information to public health officials, law enforcement, health oversight activities, judicial and administrative, deceased person information, worker's compensation programs, food and drug administration, if there is a serious threat to your health and safety ,in times of national security, if you are active military or a veteran of the armed forces when requested, or if you become an inmate in a correctional facility.

\*Personal communications - we may contact you to provide appointment or annual eye examination reminders, and other information about treatment alternative and other health related benefits and services that may be of interest to you as well as to communicate with individuals involved in your care or payment of your care.

\*Disclosure to our business associates - there are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose health information about you to our business associate. This office requires the associate to appropriately safeguard the information.

\*Victims of abuse, neglect, or violence - we may disclose your health information to a government authority, such as social or protective service agencies if we reasonably believe you are a victim of abuse, neglect, or violence.

\*Except as described in this notice of privacy practices, this office will not use or disclose your health information without your written authorization. If you do authorize this office to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you believe your privacy rights have been violated you may file a complaint with the secretary of health and human services.

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Signature of patient or authorized representative

Date