

Date of Last Revision: 5/19/08 Effective date: Immediately

HIPPA COMPLIANCE NOTICE Please review this carefully

TOTALVISION

Eye Health Associates The First Choice in Eye Care

This notice describes how medical information about you may be used and disclosed, and how you are able to obtain this information.

We understand that your medical information is personal to you, and we are committed to protecting your medical information. As our patient, we create medical records about your health, our care for you, and the services and/or items we provide for you. By law, we are required to make sure your health information is kept private.

Here are a few examples how we will use or disclose your information:

- For medical treatment
- To obtain payment for our services
- In emergency situations
- For appointment and patient recall reminders
- To run our office more efficiently and provide quality care
- For research
- To avert a serious threat to health or safety
- For organ and tissue donation
- For workers compensation programs
- In response to certain requests arising out of lawsuits/disputes

If you feel that your privacy rights have been violated, you are able to file a complaint with the office manager or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

The rights you have regarding your information include:

- The right to inspect and copy
- The right to request restrictions
- The right to amend
- The right to an accounting of disclosures
- The right to a paper copy of this notice
- The right to request confidential communications

For more information about these rights please see the detailed Notice of Privacy Practices.

Signed by:_____

Date:_____

Print name:_____

I give permission to Total Vision to release my medical information and/or records to the following: (friends/family members/other doctors you may be seeing)

<u>Name</u>

Relationship