

# Fairmont Eye Care, Inc.

10/20/2008

## NOTICE OF PRIVACY PRACTICES

We are required by federal and state law to maintain the privacy of your health information. You may request a copy of this notice at any time

We use and disclose health information about you for treatment, payment and healthcare operations ONLY.

**Treatment:** We may use or disclose your health information to a physician, specialist or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use your health information in quality assurance, training, certification, licensing and credentialing activities.

We must disclose your health information to you. We may disclose your health information to a family member or friend to the extent necessary to help with your healthcare or with payment for your healthcare only if you agree that we may do so. In the event of an emergency we will disclose health information based upon our professional judgment only as directly relevant to your healthcare.

We may use or disclose your health information as required to do so by law, such as in case where we believe that you are a possible victim of abuse, neglect or domestic violence.

We may use or disclose your health information to provide you with written appointment reminders.

**Access:** You have the right to view or obtain copies of your health information by written request. Reasonable costs will be charged for photocopying, staff time and postage.

**Restriction:** You have the right to restrict the use or disclosure of your health information.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health care information you may complain to contact persons Vickie Hall, Dr. Philip Wilmoth, Dr. Martin Carpenter or in writing to the U.S. Department of Health and Human Services.

I acknowledge that I understand Fairmont Eye Care, Inc. Notice of Privacy Practices and understand I can obtain a copy of it if I desire.

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_