

LIPSTOCK

LASIK & CATARACT CENTER

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

This notice describes how your medical information may be used and disclosed and how you can gain access to this information. Please review it carefully. This notice is a summary only. You may request a detailed version of our privacy policy from the front desk.

- We use health information about you for treatment, payment and for administrative purposes, and to evaluate the quality of care you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for the above reasons. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses or disclosures.

- In most cases, you have the right to look at or get a copy of you health information that we use to make decisions about you. If you believe that your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

- We are required by law to protect the privacy of your health information, provide this notice about our privacy policies, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the reception area. You can also request a copy of our notice at any time.

- If you are concerned that we have violated your privacy rights, our privacy policies, or you disagree with a decision we made about access to your health information, you may contact us at (804) 288-1543. You may also send a written complaint to the U.S. Department of Health and Human Services.

With whom do you give Lipstock Lasik & Cataract Center permission to discuss your medical information?

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

What is the best phone number to reach you? _____

In the event we cannot speak to you personally, may we leave your medical information on this voicemail or answering machine? YES NO

I, _____ (PRINT NAME HERE) have received this summary notice of the Privacy Practices of Lipstock LASIK & Cataract Center.

Patient Signature (or legal guardian if patient is under 18)

Date