

Fairmont Eye Care, Inc. Notice of Privacy Practices
Effective 5/13/20

The following notice describes how your health information may be used and disclosed. Please review the notice carefully. The privacy of your health information is important to us. We are required by state and federal law to maintain the privacy of your health information. We are also required to give you this notice that details our privacy practices and your rights concerning your health information. We may use and disclose your health information in the following ways:

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 have provided to you.

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

To You, Your Family or Friends: 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 services but only if you agree that we may do so. In the event of an emergency, we will disclose your health information based on our professional judgement only as directly relevant to your healthcare. We also may disclose your health information to provide you with written appointment reminders.

If you want a family member or friend to have access to your health information, please fill out the section below. *Skip this section if you do not wish to share your information with additional parties.* If you wish to revoke this access later, you must provide our office with a written request.

Name _____
Relationship _____
Name _____
Relationship _____
Name _____
Relationship _____

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

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. You also have the right to restrict the use or disclosure of your health information. If you are concerned that we have violated your privacy rights or if you disagree with the decision made about access to your health care information, you may complain to contact persons 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 I may request a copy of it if I desire.

Patients Date of Birth ___/ ___/ ___ Signature _____
Date ___/ ___/ ___