NOTICE OF PRIVACY PRACTICES FOR DELRAY EYE ASSOCIATES, P.A.

THIS NOTICE SUMMARIZES OUR *Health Insurance Portability and Accountability Act* POLICY CONCERNING HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as name, address, phone number, medical information, etc.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you for a variety of purposes, including but not limited to treatment, consultation with other health care professionals, payment from insurance companies, when required to by law, and for various other reasons which are fully explained in our complete HIPAA policy statement, ***which is available to you upon request, and which we strongly urge you to read. There is a fee associated with providing you with a full copy.***

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time.

I authorize you to discuss my medical records and care with the following:

_____

_____

INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting your care or payment for your care. We will consider your request, but we are not required to accept it. To exercise any of your rights, please contact us in writing at:

Delray Eye Associates, P.A.
Practice Administrator
16201 South Military Trail
Delray Beach, FL 33484

A COPY OF OUR COMPLETE HIPAA POLICY IS AVAILABLE FOR YOUR REVIEW. THERE IS A FEE ASSOCIATED WITH PROVIDING A COMPLETE COPY.

Patient signature _____