NOTICE OF PRIVACY PRACTICES:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When signing this Privacy Notice, you are authorizing the following:

- **TREATMENT**
  Stephenson Eye Associates to release to any subsequent treating physician any medical information concerning diagnosis and treatment.

☐ **PAYMENT**
Medical records and/or information will be shared with third party payers, such as insurance companies or the Social Security Administration or its intermediaries or carriers when requested for use in connection with determining a claim for payment.

☐ **APPOINTMENT REMINDERS**
We may use or disclose your health information to provide you with appointment reminders, including but not limited to voicemail message, postcards, or letters.

☐ **HEALTHCARE OPERATIONS**
Medical record information may be used in performing the following activities:
- ☐ Quality improvement
- ☐ Reviewing competence or qualifications of healthcare professionals
- ☐ Underwriting, premium rating and other insurance activities
- ☐ Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs
- ☐ Business planning and development

General administrative duties including, but not limited to:
- ☐ Compliance management
- ☐ Customer service
- ☐ Resolution of internal grievances

☐ **YOUR RIGHTS**
You have the right to request restrictions regarding usage/disclosure of information
You have the right to receive confidential communications
You have the right to inspect and copy protected health information
You have the right to amend incorrect or incomplete protected health information
You have the right to receive an accounting or disclosures
You have the right to receive a paper copy of this Notice

Additional HIPAA compliance notification information is available. Please ask to speak to the Privacy Officer if you have any questions.

_____ _____
Patient Signature Date

_____ _____
Parent or Guardian Signature Date