

Furey Family Eyecare NOTICE OF PRIVACY POLICY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care to and to comply with certain legal requirements. This notice will tell you about the ways we may use and share your medical information.

The law requires us to:

- Keep your medical information private
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information

We have the right to:

- Change our privacy practices and the terms of this notice at any time
- Request written consent from the patient/guardian before releasing any medical information
- Share your medical information when referring a patient to a specialist or filing insurance

I acknowledge that I have read this Notice of Privacy Practice and have been given an opportunity to ask questions.

Patient

Name: _____

(Please Print)

Signature of Patient/Parent/Guardian/Personal Representative:

_____ Date: _____

Relationship to Patient: _____