

Rodeo Family Optometry

Summary of privacy Practices
Revised May 14, 2003

This form is a summary of our privacy practices and contains a condensed version of Privacy Practices. Our full length Notice is available for your review or you may have a copy on request.

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. We understand that your medical information is personal to you and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you and the services and items we provide to you as our patient. By law we are required to make sure that your protected health information is kept private.

We do need to use and disclose your information to provide services to you. A few examples are: (please refer to the complete Notice of Privacy Practices for more details)

- For medical treatment
- To bill your insurance for payment
- In emergency situations
- For appointment and patient recall reminders

If you feel that your privacy rights have been violated, you may file a complaint with Rodeo Family Optometry.

By signing this form, you consent to our use and disclosure to protected health information about you for the treatment, payment and health operations.

You have the right to:

- Request restrictions on certain uses and disclosures of protected health information.
- Inspect and receive copies of your medical information. All requests must be submitted in writing.
- Amend your protected health information
- Receive a copy of the complete Notice of Privacy Practices

The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This Consent was signed by: _____ Date: _____

Please print your name: _____

Relationship to Patient (if other than patient): _____