



## Eye Care Specialists Of Florida

Caring for you, not just your eyes

### NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and release protected health information about you. You have the right to review our Notice before signing.

#### YOUR RIGHTS

- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you feel your rights are violated

#### OUR USES AND DISCLOSURES

- To treat you by sharing your health information to share with other professionals who are treating you
- To run our practice, improve your care, and contact you when necessary
- To bill for your services and get payment from health plans or other entities
- To comply with the law by sharing information about you if state or federal laws require it
- To address workers' compensation, law enforcement, and other government requests
- To respond to lawsuits and legal actions

#### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

By signing this form, you consent to our use and release of protected health information about you for treatment, payment, or health care operations as described in our Notice.

Print Patient Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_