

APPOINTMENT REMINDERS

We may use or disclose your health information to provide you with appointment reminders via phone, text, e-mail or letter.

YOUR RIGHTS AS A PATIENT

You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment, or health care operations.

- You have the right to receive confidential communications regarding your protected health information.
- You have the right to inspect and copy your protected health information.
- You have the right to amend your protected health information.
- You have the right to receive an account of disclosures of your protected health information.
- You have the right to a paper copy of this notice of privacy practices.

LEGAL REQUIREMENTS

Family Eye Care Center is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office.

COMPLAINTS

If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I understand Family Eye Care Center's Notice of Privacy Practices.

Patient Name: _____

Signature of Patient or Parent/Guardian if under 18 _____ Date _____

Family Eye care Center may disclose my health information, prescriptions, and materials (spectacles and/or contact lenses) to the following parties:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

**Primary Care
Physician** _____

