

NOTICES OF PRIVACY PRACTICES

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

Our commitment here at Eye Was Framed Eyecare is to serve our customers with professionalism and care, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other health care providers or business associates. The following are examples of instances where information may be shared:

- During your examination, we may find it necessary to acquire previous medical or vision examination records.
- For payment purposes, we may use the assistance of a billing service.
- During the course of your examination / treatment, we may require the assistance of a specialist to aid in the diagnosis and / or treatment of any advanced medical or vision conditions.
- If for any reason you request that we release your medical records or any portion thereof be transferred to another doctor's office or optical entity.

We here at Eye Was Framed Eyecare are committed to obeying all Federal, State and Local Laws and regulations regarding Privacy Practices. If any uses or disclosures other than listed above are needed, information will only be released with the written authorization of the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Compliance Officer at 708-460-2020.

I have read and understand the above Notice of Privacy Practices.

Signed _____ Date _____
(Patient or Legal Guardian)