

Clayton Eye Center, Spalding Eye Center and The Clayton Cataract and Laser Surgery Center  
**SUMMARY OF PRIVACY PRACTICES**

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices. Our full-length Notice is posted in the reception area and a copy of our full-length Notice is provided for you at the check-in desk.

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

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/or items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

How will we use or disclose your information? Here are a few examples (for more detail please refer to the full-length Notice of Privacy Practices):

- ◆ For medical treatment
- ◆ In emergency situations
- ◆ To run our Practice more efficiently and ensure all our patients receive quality care
- ◆ For worker's compensation programs
- ◆ To obtain payment for our services
- ◆ For appointment and patient recall reminders
- ◆ For research
- ◆ To avert a serious threat to health or safety
- ◆ For organ and tissue donation
- ◆ In response to certain requests arising out of lawsuits or other disputes

You have certain rights regarding the information we maintain about you. All requests must be made in writing. Our medical records department will assist with the written requests. These rights include:

- ◆ The right to inspect and copy (\$5.00 per copy). Federal regulations allow thirty days for completion. However, we request 48 hours written notice and will endeavor to expedite your request.
- ◆ The right to amend
- ◆ The right to an accounting of disclosures
- ◆ The right to a paper copy of this notice
- ◆ The right to request restrictions
- ◆ The right to request confidential communications

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting Gloria English, Practice Manager and Privacy Officer at 770-968-8888.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you (or your representative) consent to our use and disclosures of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

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

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_