

THE EYE STORE/THE EYE SHOPPE

NOTICE OF PRIVACY PRACTICES CONSENT TO USE AND DISCLOSE PROTECTED INFORMATION

The Eye Store/The Eye Shoppe is responsible to maintain the privacy of your health information and required by the Federal Government to provide you with this Privacy Practices and how it relates to your Ophthalmic and Optical information.

Your Ophthalmic and/or Optical information may be used by staff members or disclosed to other health care professionals that you may seek services from for the purpose of evaluating your ocular needs.

Your Ophthalmic and/or Optical information may be used to obtain payment from your health plan or credit card companies that you may use for payment of services.

Your information may also be used by our staff to send you appointment reminders, or to send you information on the treatment and management of your ocular condition. We may also send you information regarding other ophthalmic and/or optical related products or services that may be of interest to you.

Patients have certain rights under the Federal Privacy Standards.

- You have the right to request restrictions on the use of your health information (Ophthalmic and/or Optical), which must be submitted in writing.
- You have the right to request confidential communications concerning your ophthalmic condition or optical information.
- You have the right to receive a copy of your health information (Ophthalmic and/or Optical).
- You have the right to receive an accounting of how and to whom your health information has been disclosed.

I have reviewed this NOTICE OF PRIVACY PRACTICES and CONSENT TO USE AND DISCLOSE PROTECTED INFORMATION form. I give my permission to THE EYE STORE/THE EYE SHOPPE to use and disclose my information in accordance with it.

Name of Patient (Print Clearly)

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient