



**P R O V I D E N C E**  
**EYE & LASER SPECIALISTS**

**NOTICE OF PRIVACY PRACTICES**

Summary Notice

Effective Date April 14, 2003

Providence Eye & Laser Specialists is providing you with our Notice of Privacy Practices. This Summary Notice provides a summary of the Providence Eye & Laser Specialists Notice of Privacy Practices and briefly states:

- How your health information may be used and disclosed
- Your right regarding your health information
- Our legal duty to protect the privacy of your health information

For a more complete description of our privacy practices, you should carefully review the Detailed Notice of Privacy Practices following this summary. This Summary Notice does not modify or limit the Providence Eye & Laser Specialists Detailed Notice of Privacy Practices.

**Your Health Information** Health information is any information, we create or receive about you and your past, present, or future:

- Physical or mental health condition
- Health care
- Payment for health care provided

## **How We May Use and Disclose Your Health Information**

In most cases, your written authorization is needed for us to use or disclose your health information. However, Federal law allows us to use and disclose your health information without your permission for certain purposes, including the following:

- Treatment
- Eligibility and Enrollment for PELS Benefits
- Public Health
- Research (with strict limitations)
- Abuse Reporting
- Workers' Compensation
- Patient Directories
- Payment
- Law Enforcement

- Judicial or Administrative Proceedings
- Services
- Correctional Facilities
- When Required by Law
- Family Members or Others Involved in your Care (with limitations)
- Health Operations
- Coroner or Funeral Activities (with limitation)
- National Security
- Health Care Oversight
- Military Activities
- Health or Safety Activities

A more detailed description of each use and disclosure purpose is included in the Detailed Notice of Privacy Practices, following this summary.

All other uses and disclosures of your health information will not be made without your prior written authorization.

**Your Privacy Rights** You have the right to:

- Review your health information
- Obtain a copy of your health information
- Request your health information be amended or corrected
- Request that we not use or disclose your health information
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner
- Receive our Providence Eye & Laser Specialists Notice of the Privacy Practices upon request

**Changes** We reserve the right to change the Providence Eye & Laser Specialists Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

**Complaints** If you are concerned that your privacy rights have been violated, you may file a complaint with the practice or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Providence Eye & Laser Specialists you may contact your Privacy Officer at 704-540-9595 or via the website <http://www.providenceeye.com>. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

**NOTE:** A large print version of this Notice is available upon request.

## **Patient's Acknowledgement**

I hereby acknowledge that I have been provided with the practice's **NOTICE OF PRIVACY PRACTICES** and I have read and fully understand the notice. I have been provided the opportunity to ask questions about the notice and my questions have been answered to my satisfaction.

Patient

Name: \_\_\_\_\_

Patient

Signature: \_\_\_\_\_ Date: \_\_\_\_\_