

Clear Choice Eyecare
Notice of Privacy Practices
Effective Date of Notice: February 2012
Updated: June 2020

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with a notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We may require your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provided to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, and requesting that we communicate with you confidentially.

The Security Rule requires covered entities to maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting electronic protected health information (e-PHI). Specifically, the confidentiality, integrity, and availability of all e-PHI created, received, maintained, or transmitted.

We may contact you to provide you of appointment reminders via voicemail, text, or postcards. We may also leave a message with the person answering the phone if you are not available.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our notice from time to time. If you would like to receive a detailed Notice of Privacy Practices, please request a copy at the front desk.

If you have any questions, concerns or complaints about the notice on your medical information, please contact Clear Choice Eyecare at 610-569-4152.

Patient/Guardian Signature

Date

Print Patient Name

Please list individuals with their relationship to you with whom we may communicate:

Name	Phone Number	Relationship