

## NOTICE FOR 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:

A complete copy of our privacy practices is available on our front counter. We encourage you to read it before signing this Notice of Privacy Practice Form.

As an Optometric practice, we may have to do the following to process your prescription:

- \* Type all information for the prescription(s) and process it on line, to our software, to receive payment from your insurance company.
- \* Submit a prior authorization to the insurance company by fax, which would require treatment information. This treatment information would be given to us by the prescribing doctor.
- \* If there is a case worker or care giver provider involved in caring for a patient, information may be disclosed to them.

Dr. Cameron T. Yee or Office Staff may contact you or an associate by mail, phone or other electronic means (e.g., Answering Machine) to schedule Annual Exams, Provide Reminder calls or to let you know when your materials are ready for dispensing (e.g., Glasses & Contact Lenses).

A new law has taken effect immediately. The new law States, we must have written consent by the patient, to disclose the patient's information or prescription to health care providers, insurance companies, third-party processors and, in some cases, certain government and law enforcement agencies. As the patient, you are allowed to revoke or amend this authorization at any time.

By obtaining this information, we must keep all records confidential.  
All information that is discarded is shredded.

Please sign and date. Thank you.

Name(Print) \_\_\_\_\_

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