

NOTICE OF PRIVACY PRACTICES

Lakeland Vision Clinic

1408 Lake Tapps Pkwy E, Ste E-103

Auburn, Wa 98092

253-351-0092

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided for you to review.

Lakeland Vision Clinic uses health information about you for treatment, to obtain payment for your treatment with your authorization as required, for administrative purposes, and to evaluate the quality of care that you receive.

Lakeland Vision Clinic will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Lakeland Vision Clinic may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Lakeland Vision Clinic may disclose your information for public health activities and governmental function in order to comply with workers compensation laws and regulations. You have the right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of your health records.

You may complain to the office manager and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Lakeland Vision Clinic must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of this notice, notify you if it is unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to disclose your health information for reasons other than those listed above and permitted under law.

Patient signature

Date

Print name

This form will be retained in your health record.