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## Notice of Privacy Practices

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Name:

Date:

Date of Birth:

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review the following information carefully.**

Your health information contains personal information about you and your health and is referred to as Protected Health Information ("PHI"). This information contains details that can be used to identify you and any information we have created or received regarding your past, present, or future conditions. This Notice describes how we may use and disclose your PHI in accordance with applicable law.

We are legally required to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this notice at any time. Any changes to this notice will be effective for all PHI we have at that time. The new Privacy Practices will be available upon request.

### How We May Use And Disclose Your PHI

- **For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your health care treatment and related services.
- **For Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you.
- **For Health Care Operation:** We may use or disclose your PHI for our health care operations. This might include measuring quality of care, licenses and/or certifications to continue providing quality care.
- **Required by Law:** We may disclose your PHI when required by law without your approval. Examples of when this may happen include abuse, neglect, domestic violence, emergencies, judicial or administrative proceeding, public safety risk, etc.

### Your Rights Regarding Your PHI

You have the following rights regarding PHI we maintain about you. Please submit your request in writing to Orangeburg Eye Center, LLC, 1190 Summers Ave, Orangeburg, SC 29115 or fax: (803)534-0904.

- **Right to Request Limits on Uses and Disclosure.** You have the right to request how we use and disclose your PHI. Uses and disclose where legally required to make can not be limited. However you may submit your request for review.
- **Right to of Access and Receive Copies.** You have the right, in most cases to review and receive copies of your PHI. A request must be submitted in writing to Orangeburg Eye Center, LLC, 1190 Summers Ave, Orangeburg, SC 29115 or fax: (803)534-0904. You may be charge a fee for copies made.
- **Right to Amend.** If you feel your PHI is incorrect or incomplete, you may request your PHI be amended. You must request in writing the what is to be amended and why at Orangeburg Eye Center, LLC, 1190 Summers Ave, Orangeburg, SC 29115 or fax: (803)534-0904.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

**COMPLAINTS:**

If you feel your rights have been violated, you have the right to file a complaint with out retaliation. Please submit your complaint in writing with our Director at Orangeburg Eye Center, LLC, 1190 Summers Ave, Orangeburg, SC 29115 or fax: (803)534-0904. Complaints can also be filed online at <http://www.hhs.gov/ocr/privacy/index.html>.

**I have read and understand the above Notice of Privacy Practices for Orangeburg Eye Center, LLC. I understand I have the right to ask questions about this information at any time.**

\_\_\_\_\_  
Signature of Patient or Legally Responsible Person

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Relationship/Reason Why Patient Is Unable to Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date