

Premier Eye Care Center, LLC  
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## HIPPA/ NOTICE OF PRIVACY PRACTICES

*This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.*

**Our Legal Duty:** We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

You may request a copy of our notice at any time. For more information about our privacy practice, or for additional copies of this notice, please contact us using the information listed.

**Uses and Disclosures of Health Information:** Treatment: We may use or disclose your health information to an optician, ophthalmologist or other healthcare provider providing treatment to you for: a) the provision, coordination, or management of health care and related services by health care providers; b) consultation between health care providers relating to a patient; c) the referral of a patient for health care from one health care provider to another; or d) recall information. Payment: We may use and disclose your health information to obtain payment for services we provide to you. This may include: a) billing and collection activities and related data processing; b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance claims; c) medical necessity and appropriateness of care reviews, utilization review activities; and d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed. You may also submit a written complaint to the US Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

*By signing below you acknowledge you have read over the above information and agree to our terms and conditions. Thank you.*

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

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