



OAKLAND
OPHTHALMIC
SURGERY, P.C.

NOTICE OF 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 READ THIS NOTICE CAREFULLY.

At the Oakland Ophthalmic Surgery, we believe that your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of Oakland Ophthalmic Surgery. This Notice applies to all of the health records that identify you and the care you receive at Oakland Ophthalmic Surgery. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. We are legally required to give you this Notice and to follow the terms of the Notice that is currently in effect.

Please review it carefully.

- Oakland Ophthalmic Surgery may disclose your health and/or medical information to treating health care professionals including but not limited to: physicians, nurses, lab technicians, and pharmacists.
- Oakland Ophthalmic Surgery will disclose your health and/or medical information when we are required to do so by Federal, State, or Local Law.
- Oakland Ophthalmic Surgery may disclose your health and/or medical information to third party payers, Insurance companies, and/or billing companies in order to receive payment for the services you received.
- Oakland Ophthalmic Surgery may confirm appointments, leave a medically related message, or leave a message related to your financial account on your home or cell phone, answering machine and/or voicemail, or directly with a person at your home.
- You have the right to inspect and obtain a copy of your health and/or medical information. This request must be in writing, there is a reasonable fee for copying the records.

I have read and agree to the above terms, I was offered a complete copy of Oakland Ophthalmic Surgery's NOTICE OF PRIVACY PRACTICES.

Signature of patient _____ Date _____
Guardian must sign for minor

Witness _____ Date _____