

NOTICE OF RIGHT TO PRIVACY

New government rules make it the legal obligation of your doctors to keep your health information, that identifies your, private and we are obligated by law to give you notice of our privacy practices.

With the new law, we cannot disclose your health information outside our office without your written permission. The written permission will be called a consent form or an authorization form. The type of form used will depend upon the kinds of uses or disclosures that are involved. In compliance with the law, our office will ask you to sign a consent-authorization form allowing us to use and disclose your health information for purposes of treatment, payment, and health care operations. In plain language, up to this point, it was assumed that when a patient sought a doctor's care, pertinent medical record information could be shared with other health care professionals joining in the care of the patient. In addition, when the patient presented a health insurance care for payment, the office would be able to provide all pertinent information related to the claim to fulfill the transaction. With these new government regulations, that is no longer the case. Patients are not obligated to sign the privacy consent-authorization forms, however, when they do so, we can comply with the new law and continue to provide our patients with the care and service they expect.

I have read and understand my rights to privacy:

Name _____

Date _____

I give White Mountain Eye Institute permission to release my information to:

Name _____ Relationship _____

Name _____ Relationship _____