

Summary of Notice of Privacy Practices The Retina Group of Seattle, PLLC

This is a summary of our Notice of Privacy Practices, which describes how medical information about you may be used and disclosed and how you can get access to this information. A full version of the notice is available for you to review in the reception area, and you may request a copy.

Our pledge to protect your privacy:

The Retina Group of Seattle is committed to protecting the privacy of your medical information. Your care and treatment is recorded in a medical record. So that we can best meet your medical needs, we may share your medical record with the health care providers involved in your care. We share your information only to the extent necessary to collect payments for the services we provide, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

You have the following rights regarding your medical information:

To inspect and obtain a copy of your medical records, subject to certain limited exceptions; to add an addendum to or correct your medical record; to request an accounting of The Retina Group of Seattle disclosures of your medical information; to request restrictions on certain uses or disclosures of your medical information; to request that we communicate with you in a certain way or at a certain location; and to receive the full copy of the full version of our Notice of Privacy Practices.

We may use and disclose medical information about you for the following purposes:

To provide you with medical treatment and services; to bill and receive payment for the treatment and services you receive; for functions necessary to run THE RETINA GROUP OF SEATTLE and assure that our patients receive quality care; and as required or permitted by law.

There are additional situations where we may disclose medical information about you without your authorization, such as:

For workers' compensation or similar programs; for public health activities (e.g. reporting abuse or reactions to medications); to a health oversight agency, such as the California Department of Health Services; in response to a court or administrative order, subpoena, warrant or similar process; to law enforcement officials in certain limited circumstances; to a coroner, medical examiner or funeral director; and to organizations that handle organ, eye, or tissue procurement or transplantation.

I hereby acknowledge that I have reviewed a copy of this medical practice's Notice of Privacy Practices.

Please list any individuals that you are authorizing us to speak with regarding your appointment or account.

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Signed: _____ Date: _____

Printed Name: _____