

**EYE CARE ASSOCIATES OF GREATER CINCINNATI, INC. d/b/a APEX EYE
NOTICE OF PRIVACY PRACTICES – SUMMARY SHEET**

**THE ATTACHED NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) creates rights for patients of health care providers. One of those patient rights is to receive information regarding the health care provider's privacy practices. As a health care provider, we must provide you with a copy of our **Notice of Privacy Practices** (or Notice) and we must request that you **sign at the bottom of this document** stating that we gave the Notice to you. You are not required to sign this document, but we must make an effort to request that you do so. You may review our Notice now or at a later time. At some point **you should read it carefully** because it explains:

1. Generally how we use health care information about you and who will follow our Notice.
2. That we, like other health care providers, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations. We are not required to have separate authorization for these uses and disclosures.
3. Other circumstances where we may use or disclose information about your health where we are not required to get your authorization first, such as: (i) where required by law; (ii) if we feel that you are a victim of abuse, neglect or domestic violence; (iii) to avert a serious threat to health or safety; (iv) under circumstances related to the military and veterans; (v) for workers' compensation purposes; (vi) for public health risks activities; (vii) for health oversight activities; (viii) for certain activities related to lawsuits and disputes; (ix) for law enforcement purposes; (x) to coroners, medical examiners and funeral directors; (xi) if you're an organ donor, for purposes of organ donation; (xii) for national security and intelligence activities, and to Federal officials involved in protecting the President and other dignitaries; (xiii) certain activities if you're an inmate; (xiv) for research activities (if certain criteria are met).
4. Circumstances where we are required to get your authorization to use or disclose your medical information, such as (i) most uses and disclosures of psychotherapy notes; (ii) for marketing purposes; and (iii) the sale of your medical information. Also, circumstances where you will have the ability to "opt out" of receiving communications from us, such as for fundraising purposes.
5. The rights you have with respect to health information we have about you, namely: (i) your right to have a copy of our privacy notice; (ii) your right to review and copy health information that we may have about you; (iii) your right to an accounting for how we use and disclose your health information, other than for treatment, payment or health care operations; (iv) your right to request that we communicate with you at alternative locations, mailing addresses or telephone numbers; (v) your right to request restrictions on how we use your health care information; (vi) your right to request an amendment to information in our records that you think is in error; and your right to file a complaint if you think your privacy rights have been violated.
6. When the other uses and disclosures of medical information not covered by our notice or the laws that apply to us will be made only with your written authorization. The Notice also contains information regarding providing and revoking authorization to us to use or disclose medical information about you.
7. Our right to change our Notice, as well as information regarding where you can make a complaint if you feel that your rights have been violated.

We take your confidentiality very seriously. We encourage you to read our Notice of Privacy Practices and keep a copy of it for your records. THE POLICIES IN OUR NOTICE BECOME EFFECTIVE SEPT. 23, 2013.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice. As provided in our Notice, we may change the terms of our Notice. If we change our notice, you may obtain a revised copy by contacting Apex Eye's office or the CONTACT PERSON indicated on page one of the Notice. If we substantially change our Notice, the changed Notice will be provided to you without your having to request a new Notice.

Patient's printed name

Patient's signature (or signature of personal representative)

Notice provided by: _____

Date Notice Provided: _____ / _____ / _____

Why signature not obtained (if applicable): _____