

The Retina Center of Western Colorado

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY SUMMARY OR PRIVACY POLICY

PATIENT NAME: _____ DOB: _____

It is the goal of The Retina Center to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 requires us to: 1. Maintain the privacy of medical information provided to us, 2. Provide notice of our legal duties and privacy practices, and 3. Abide by the terms of our Notice of Privacy Practices currently in effect.

The following examples list ways that your information may be used and disclosed in the course of your medical care. This list is not complete. For more information, please see the Notice of Privacy Practices.

- For Treatment purposes your information may be shared with referring, primary and referred physicians.
- For Payment purposes your information may be shared with your insurance company or workers' compensation or similar programs.
- For Health Care Operations your information may be shared with auditors, consultants may evaluate our operations.
- For Public Health reporting activities, it may be necessary to disclose information for preventing or controlling disease, or reporting abuse.
- For Law Enforcement your information may be shared with local, state, or federal officials.
- For Family information we may share your health information with family members.

If you would rather not have your medical information released, please let our office know in writing. Also, you have the right to access your medical records generated in our office. A fee may be charged for processing these records for you. If you find that your medical information is inaccurate, please notify our office in writing at the following address:

The Retina Center of Western Colorado
2478 Patterson Road #7
Grand Junction CO 81505

Your signature below indicates that you were given the opportunity to read our Notice of Privacy Practices. You understand that if you have any questions or concerns you may have them address by writing to:

Privacy Officer
The Retina Center of Western Colorado
2478 Patterson Road #7
Grand Junction CO 81505

Signature: _____ Date: _____ 20200701