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**MEDICAL
EYE
CENTER**

SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

Medford: 1333 East Barnett Rd. Medford, OR 97504

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Medical Eye Center, Inc. and **Laser & Surgical Eye Center, LLC**,
(our surgery center) and **Imperia Eye Centers, Inc.** (refractive surgery center).

We value the trust of our patients.

We care about the security of the information you provide us.

HIPAA Law (**H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996) requires that we hand you a copy of our Notice of Privacy Practices. This document describes in detail how information about you, the patient, can be used within our office and with others who need to know for the reason of treatment, payment, and/or health care operations. If we were to disclose your information for any other reason, we would first need your written approval.

Amendment to the Policy of Privacy Practices

From Page 3, Section: Family and Friends

Our policy has changed to no longer require verbal approval from the patient to share private health information with family or others when we feel it's in the patient's best interest to share appointment or health care information. This means we will answer family questions, and confirm appointment information if the inquiry is made on behalf of a patient. If you do not agree with our policy, please indicate your wishes regarding the handling of your health information on the **Acknowledgement and Consent Form** after having a chance to review our Policy of Privacy Practices.

Notice: Patient Privacy, Form D, © Oregon Medical Association, May 4, 2005