

SELECT EYECARE LLC PRIVACY NOTICE

YOUR RIGHT TO KNOW

As part of the Health Insurance Portability & Accountability Act of 1998 (HIPAA), you have the right to know what we do with the personal and confidential information we collect about you in the normal course of our examination procedures and discussions, as well as written information, the processing and administering of your insurance programs, if you have insurance to assist in paying for your visual needs.

Because we value the integrity of our patient relationships, we and to assure you that we are properly safeguarding this important information.

PERSONAL INFORMATION WE COLLECT

We need accurate, current health information and testing so that we can determine your needs and provide products to meet our specific needs and treatments.

We may collect information from third parties, which may include insurance agencies or health care providers you may have records with. None of these will be sought without your permission.

APPOINTMENT REMINDERS/NOTIFICATIONS

We may call, write, text or email you to notify you of examinations due, appointment confirmation, order status or services available at our office. Unless you tell us otherwise, we will mail you an appointment reminder and/or call you at the number(s) you have given us. We may leave you a message if you are not available.

INFORMATION WE MAY DISCLOSE

We may share your health information on a confidential basis only with authorized employees, representatives and third parties whose services are required to complete the picture of your visual and sometimes physical health.

We will not disclose any nonpublic personal information about you or any of our patients except as authorized by law or unless authorized by you. Any changes to our Notice of Privacy Practices will be posted in our office and on our office website.

PROTECTION OF YOUR INFORMATION

Reasonable care will be taken to keep pertinent records current, complete and accurate. If you see any inaccuracy in your information, we would appreciate your assistance in making corrections by contacting us.

We will protect all information collected about you, and we will restrict access to your nonpublic personal information by maintaining physical, electronic and procedural safeguards. We will restrict access to protected data only to individuals who must use it in the performance of their job-related duties. Employees who violate our Privacy Policy will be subject to disciplinary action, which may include termination.

If you have questions or concerns about our Privacy Policy, please contact us at our offices:

4221 Atlanta Hwy, Ste 101
Loganville, GA 30052
478.368.5385
478.910.1030 f

10300 Industrial Blvd NE
Covington, GA 30014
478.368.5384
478.910.1030 f

2042 W Spring St
Monroe, GA 30655
478.368.5386
478.910.1030 f

Selecteyecarellc@proton.me

I have read the Privacy Policy and agree with its principles.

Signed: _____ Date: _____