



## HIPAA Notice of Privacy Practices Virginia Family Eye Care

THIS 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.

### **Our Responsibilities**

Virginia Family Eye Care is required by law to maintain the privacy and security of your protected health information (PHI). We must provide you with this notice of our legal duties and privacy practices, and follow the duties and practices described in this notice.

### ***Your Rights***

- Get a copy of your medical record
- Correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you feel your rights are violated

### **Uses and Disclosures**

We may use and share your health information for treatment, payment, and health care operations. We may also share information when required by law, for public health and safety issues, or to respond to legal actions.

### **Contact Information**

Virginia Family Eye Care  
9509 Amberdale Dr.  
North Chesterfield, VA 23236  
Phone: 804-745-1922  
Email: vafamilyeye@gmail.com

By signing below, you acknowledge that you have received this HIPAA Notice of Privacy Practices. If the patient is a minor, a parent or legal guardian may sign on the patient's behalf.

Patient / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_