



# PAJKA EYE CENTER

Eye Surgery Center of Western Ohio \* Laser Vision Center  
855 W. Market Street, Suite A, Lima, Ohio 45805  
419-228-7432 or 1-800-568-2020

## SUMMARY OF NOTICE OF PRIVACY PRACTICES

**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.**

**How we may use and disclose your health information.** We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information may be shared with other providers to whom you are referred.

**Your rights.** In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. You also have the right to request a list of the certain types of disclosures of your information that you have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

**Our legal duty.** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, and follow the privacy practices that are described in this notice, and seek your acknowledgment of receipt of this notice. We may change our privacy policy any time. Before we make a significant change in our policies, we will change our notice and post the new changes in our reception room. You may also request a copy at any time.

**Privacy complaints.** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact our Administrator/Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The Administrator/Privacy Officer can provide you with the appropriate address upon request.

Acknowledgment of receipt of notice of privacy practices: Please sign and provide the date to acknowledge that you have received your Notice of Privacy Practices.

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