

**InfinityVision
Medical Information Privacy Notice Summary**

This notice is required by law to inform you of the ways in which we may use your confidential and protected health information.

- 1) For treatment – we may release your medical information to other physicians for consultations, referrals, and coordination of your health care.
- 2) For payment – we may release your medical information to an insurance company or third party about your treatment so we may be reimbursed for your care or to obtain prior approval or to determine if your insurance company will cover the treatment.
- 3) Appointment reminders – we may use and disclose medical information to contact you as a reminder that you have an appointment for medical care or to change an existing appointment.
- 4) Individuals involved in your care or payment for your care – we may release medical information about you to a friend or family member who is involved in your medical care or payment of your medical care.
- 5) Workers compensation – we may release your medical information about you for workers compensation or similar programs.

You have the right to inspect and copy your medical information. You must submit your request in writing to the Privacy Officer. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. You have the right to request that we amend your medical information if you feel the information is incorrect or incomplete. The request must be in writing and must include the reason you wish to amend your information.

This is a summary of part of the Privacy Practices for InfinityVision. If you would like the complete privacy notice form, please notify the receptionist or one of our staff.

Signature of Patient

Printed Name and Date