

September 23, 2013

Dear Patient:

The physicians and staff of Premier Eye Care & Surgery, Ltd. have always protected the confidentiality of our patient's health information. The federal government has established new regulations called The Health Insurance Portability and Accountability Act (HIPAA), designed to ensure the privacy of your health information. The new regulations protect health information that is maintained by physicians, hospitals, other health care providers and health plans. The Notice of Privacy Practices provided with this letter explains our new policies. It contains very important information and describes how you can exercise your rights with regard to your protected health information.

To maintain the highest level of patient care and service, we will continue to provide these listed services as well as other services that are necessary to provide that care.

- Physician/technician/nurse conversation regarding diagnosis and treatment with patients and family in person or on the telephone with your permission only-Please ask for the form to fill out & sign.
- Telephone requests for prescription refill with you, your family and your pharmacy.
- Appointment or recall reminders via U.S. Mail, telephone or e-mail.
- Patient education communications via U.S. Mail or e-mail.

To instruct us to discontinue these forms of communication, or to request communication with only specific people, please ask our privacy officer for the necessary paperwork.

You have the right not to submit a claim to your Insurance Carrier and pay for your visit at the time of your appointment. Your medical record from that specific visit will not be part of your "medical record" in the event of any third party requests for information.

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Privacy Officer at 847/459-6060, or discuss any questions you may have with your physician.

Sincerely yours,

Joseph P. Kiernan, M.D.  
Medical Director

Please sign to acknowledge that you have received notice of Premier Eye Care & Surgery, Ltd's Privacy Policy:

Patient Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)