Dr. David A. Wright
Dr. Lance E. Wright
Dr. Nhu Lan T. Phan

Therapeutic Optometrists
Optometric Glaucoma
Specialists

Notice of Privacy Practices
Lance Wright OD, Privacy Officer

IN COMPLIANCE WITH THE FEDERAL REGULATIONS OF HIPAA'S PRIVACY RULE, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO IT

1. We routinely use and disclose your medical information within the office on a daily basis. We do not need specific permission to use or disclose your medical information in the following matters: Treatment, Payment, and Daily Operations. You have the right to request that we do not.

2. We may share your medical information with other professionals who are treating you.

3. It is the policy of Dr. Wright's Vision Source for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment and the status of optical goods ordered by or for the patient.

4. Dr. Wright's Vision Source staff and doctors will also infer that if you allow another person in an examination room that you consent to the presence of that individual.

5. We will NOT make any other uses or disclosures of your health information unless you sign a written *Authorization for Release of Identifying Health Information*.

6. All requests for review or copy of medical information must be made in writing to the Privacy Officer. We will provide your copy within 15 days of written request.

7. If you think that anyone at Dr. Wright's Vision Source has not respected the privacy of your health information, you are free to complain to the Privacy Officer named at the beginning of this Notice.

8. More information about Privacy Practices can be found on the website.

9. Effective Date: April 14th, 2003

Acknowledgement of Notice of Privacy Practices

☐ I have read or had explained to me Dr. Wright's Vision Source's Notice of Privacy Practice and agree to continue my care with Dr. Wright's Vision Source under said terms.

_____   _____

Patient Signature   Date

Dr. Wright's Vision Source
1329 N Main
Andrews, Texas 79714
(432) 523-2660
Fax (432) 523-6312

Dr. Wright's Vision Source
P.O. Box 1985
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Seminole, Texas 79360
(432) 758-3229
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