

**Buenau's Opticians
228 Delaware ave
Delmar, NY 12054
NOTICE OF PRIVACY PRACTICES**

We are required by law to maintain the privacy of your health information and provide you notice of our legal duties and privacy practices with respect to your health information.

The following are some examples as to the way we use and disclose health information:

- ❖ FOR TREATMENT
- ❖ FOR PAYMENT
- ❖ FOR HEALTH CARE OPERATIONS
- ❖ APPOINTMENT REMINDERS
- ❖ TREATMENT RECOMMENDATIONS/ALTERNATIVES AND/OR SERVICES/BENEFITS
- ❖ INDIVIDUALS INVOLVED IN YOUR CARE (or payment of your care)
 - See handout for a more detailed explanation

WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW WITHOUT YOUR AUTHORIZATION.

Right to Complain: If you have any questions about this notice or would like to file a complaint about our privacy practices, please direct your inquires to The U.S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S.W. , Washington, DC 20202, or call 877-696-6775 (toll free).

By signing below you acknowledge that you have received a copy of the Privacy Practices of the Buenaus Opticians Inc.

By signing this form, I agree to pay for services rendered for myself or my dependents by Buenaus Opticians Inc, if for any reason my insurance does not pay. This includes ALL visits.

I have supplied the current and correct insurance information and will notify the office immediately of any changes in coverage. You are responsible for verifying your own insurance benefits and eligibility before your appointment. Your insurance is a contract between you and the insurance company. We are not a party to that contract. However, we will be happy to help you process your insurance claim.

We accept many forms of payments

Patient Name:

Name of Personal Representative (if not patient) _____

Signature: _____ Date: _____
