



Notice of Privacy Practices

This notice describes how medical/protected health information (PHI) about you may be used and disclosed by Midline Vision Clinics SC (“Midline Vision,” or “we/us/our”) and how you can get access to this information. Please review carefully.

Summary

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This NPP describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the right to:

1. Inspect and copy your information
2. Request corrections to your information
3. Request that your information be restricted
4. Request confidential communications
5. Receive a report of disclosures of your information
6. Receive a paper copy of this NPP

We want to assure you that your medical/protected health information is secure with us. This NPP contains information about how we will ensure that your information remains private.

Acknowledgement of Privacy Practices

I hereby acknowledge that I have read and/or received a copy (if requested) of this practice’s NPP. I understand that if I have questions or complaints regarding my privacy rights that I may contact the office listed on this NPP. I further understand that the practice will offer me updates to this NPP should it be amended, modified, or changed in any way.