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Ophthalmology & Optometry

SUMMARY OF PRIVACY PRACTICES

The following is a brief summary of our notice of Privacy Practices. The entire Text detailing our privacy practices is attached for your review. We encourage you to read the detailed version and ask any questions you may have regarding our privacy practices. After reading the attached version, please fill out the form at the bottom of this page acknowledging that you have read and understand our privacy practices. We are required by law to provide you with this notice.

If you have any questions or would like to exercise any of your rights regarding your Private Health Information, please contact our office at 410-744-5310.

PATIENT RIGHTS

As a patient, you have a right to inspect copy, amend, request a restriction or revoke a prior restriction on the use and disclosure of your Private Health Information. You may also request a copy of an accounting of disclosures which will detail all disclosures made for reasons other than treatment, payment or health care operations. You may request that we communicate with you only in a specific manner such as "only communicate with me via my work telephone number."

PROVIDER RIGHTS

As your provider, we can use or disclose your Private Health Information for treatment, payment, or health care operational purposes. Any other disclosure requires you to sign a specific authorization.

ACKNOWLEDGMENT

Patient or Guardian Signature: _____ Date: _____

Print Name: _____ DOB: _____

For Staff Use Only:

The following good faith efforts were made to obtain acknowledgment:

However, acknowledgement was not obtained because:

