



adult and child eye exams • diagnosis and treatment of eye diseases
contact lens fittings • eyewear • lasik surgery co management • keratoconus

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NOTICE OF PRIVACY PRACTICES

This notice took effect on April 14, 2003 and remains in effect until we replace it.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care to comply with certain legal requirements.

OUR LEGAL DUTY

Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

For treatment: We may use medical information about you to provide you with medical treatment or services.

For payment: We may use and disclose your medical information for payment purposes.

For health care operations: We may use and disclose your medical information for our health care operations.

YOUR INDIVIDUAL RIGHTS

You have a right to:

1. Look at or obtain copies of certain parts of your medical information.
2. Receive a list of all the times we shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or different locations.
5. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation.
6. If you have received this notice electronically, and wish to receive a copy, you have the right to obtain a paper copy by making a request.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U. S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of your rights in the section entitled ***Your Privacy Rights*** of this notice by writing to the following address:

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