

Olympus Clinic Notice of Privacy Practice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

How We May Use and Disclose Your Personal Health Information:

- For Treatment, Payment and Health Care Operations of Olympus Clinic
- We will obtain your written authorization for purposes *other* than treating you, obtaining payment for your care, or our own health care operations,
- We are permitted and required to use and disclose your personal health information in the following situations:
 - To business associates who work on our behalf
 - If we are required by law
 - For public health activities
 - Victims of abuse, neglect or domestic violence
 - Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement
 - Coroners, medical examiners and funeral directors
 - Research
 - Limited Government Functions
 - Health and safety
 - Workers' Compensation

Your have the right to:

- Receive a copy of this notice
- Inspect and copy your health information
- Amend your health information
- Request additional restrictions on uses and disclosures of your health information
- Request an accounting of disclosures
- Request confidentiality in certain communications
- File a Complaint

For further information about this Privacy Notice, to obtain a copy of this summary Notice, or to obtain a detailed policy statement of Olympus Clinic's Privacy Notice please contact us or visit our website at www.olympusclinic.com.

My signature acknowledges receipt of the summary privacy notice and I have been informed as to how to receive a more detailed privacy notice and how to authorize release of my confidential healthcare information.

Patient Name: _____ Date: _____
(Please Print)

Signature: _____

Signature of responsible party if patient is a minor: _____

Relationship to patient: _____