

**Summary of Notice of Privacy Practices**  
**Mid-Peninsula Ophthalmology Medical Group**  
**Privacy Officer: Christie Moore, 650-324-4141**

*This is a summary of our Notice of Privacy Practices, which describes how medical information about you may be used and disclosed and how you can get access to this information. A full version of the notice is available for you to review in the reception area, and you may request a copy.*

**Our pledge to protect your privacy:**

Mid-Peninsula Ophthalmology Medical Group (MPOMG) is committed to protecting the privacy of your medical information. Your care and treatment is recorded in a medical record. So that we can best meet your medical needs, we may share your medical record with the health care providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

**You have the following rights regarding your medical information:**

- To inspect and obtain a copy of your medical records, subject to certain limited exceptions;
- To add an addendum to or correct your medical record;
- To request an accounting of MPOMG's disclosures of your medical information;
- To request restrictions on certain uses or disclosures of your medical information;
- To request that we communicate with you in a certain way or at a certain location; and
- To receive a copy of the full version of our Notice of Privacy Practices.

**We may use and disclose medical information about you for the following purposes:**

- To provide you with medical treatment and services;
- To bill and receive payment for the treatment and services you receive;
- For functions necessary to run MPOMG and assure that our patients receive quality care; and
- As required or permitted by law.

**There are additional situations where we may disclose medical information about you without your authorization, such as:**

- For workers' compensation or similar programs;
- For public health activities (e.g., reporting abuse or reactions to medications);
- To a health oversight agency, such as the California Department of Health Services;
- In response to a court or administrative order, subpoena, warrant or similar process;
- To law enforcement officials in certain limited circumstances;
- To a coroner, medical examiner or funeral director; and
- To organizations that handle organ, eye, or tissue procurement or transplantation.

*Our notice may be revised or updated from time to time. Please see our full Notice of Privacy Practices for a more detailed description of our privacy practices, your rights regarding your medical information, and pertinent contact information.*

**Acknowledgement of Receipt of Notice of Privacy Practices**

I hereby acknowledge that I have reviewed a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available for me to review in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_