

WANDA PAK, M.D., P.C.

Ophthalmology, Ophthalmic Surgery, Laser Refractive Surgery
3301 New Mexico Avenue, Ste 226, NW
Washington, DC 20016

Privacy Practices: My Commitment to My Patients

When you register for any type of medical service, you disclose information about yourself and/or members of your family. Law regulates the collection, use and disclosure of this information. Safe guarding your personal and/or financial information is something that this practice takes very seriously.

I am providing this notice to inform you of what we do with the information you provide us.

Categories of Personal Information We May Collect

We may collect nonpublic, personal, financial and medical information from various sources, including:

- Information you provide on applications of other forms, such as name, address, social security number, age and gender.
- Information pertaining to your relationship with my practice, such as policy coverage, premiums and claims payment history.
- Information (as described in preceding paragraphs) that we obtain from any other affiliate.
- Information we receive from other sources, such as your employer, a previous physician or other third party.

How Your Information is Used

At no time do we disclose your health and/or financial information to anyone outside of this practice unless we have proper authorization from you or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your personal information to those employees, brokers, group health plan administrators, consultants, business partners, providers and agents who need to know this information to conduct the business of this practice or to provide products or services to you.

Disclosure of Your Information

In order to protect your privacy, affiliated and nonaffiliated parties of this practice are subject to strict confidentiality. Affiliated entities include health maintenance organizations, health insurers, long-term care insurers and insurance agencies.

When we share information with a nonaffiliated party it is because it is a critical business partner that assists in providing services to you.

The information this practice provides can only be used to provide services we have asked them to perform for us or for you and/or your health plan.

If we collect personally identifiable medical and/or financial information, we will not share this information either internally or externally for any purpose other than the underwriting or administration of an insurance policy or claim or as otherwise specifically disclosed when the information is collected from you with your consent.

Changes in Our Privacy Policy

This practice periodically reviews its policies and reserves the right to change them. If we change our privacy policy, we will continue our commitment to keep your personal information secure – it is our highest priority. Even if your family is no longer under my care, this privacy policy will continue to apply to your records.

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I have received a copy of the privacy policies of this practice entitled: "Privacy Practices: My Commitment to My Patients"

Patient Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

If Guarantor is other than patient:

Print Name: _____ Signature: _____
Parent/Guardian

Witnessed: _____ Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practices, but was unable to do so as documented below:

Date:	Initials:	Reason:
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