

Wood Eyecare Centers

woodeyecare.com

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Our Privacy Notice

Your Right to Know

As part of the Health Insurance Portability & Accountability Act of 1998 (HIPAA), you have the right to know what we do with the personal and confidential information we collect about you in the normal course of our examination procedures and discussions, as well as written information, the processing and administering of your insurance programs, if you have insurance to assist in paying for your visual needs.

Because we value the integrity of our patient relationships, we want to assure you that we are properly safeguarding this important information.

Personal Information We Collect

We need accurate, current health information and testing so that we can determine your needs and provide products to meet your specific needs and treatments.

We may collect information from third parties, which may include insurers agencies, or health care providers you may have records with. None of these will be sought without your permission.

Appointment Reminders/Notifications

We may call, write, text, or email you to notify you of examinations due, appointment confirmation, order status, or services available at our office. Unless you tell us otherwise, we will mail you an appointment reminder and/or call you at the number(s) you have given us. We may leave you a message if you are not available.

Information We May Disclose

We may share your health information on a confidential basis only with authorized employees, representatives, and third parties whose services are required to complete the picture of your visual, and, sometimes, physical health.

We will not disclose any non-public personal information about you or any of our patients except as authorized by law, or unless authorized by you. Any changes in our Notice of Privacy Practices will be posted in our office and on our office website.

Protection Of Your Information

Reasonable care will be taken to keep pertinent records current, complete, and accurate. If you see any inaccuracy in your information we would appreciate your assistance in making corrections by contacting us.

We will protect all information collected about you, and we will restrict access to your non-public personal information by maintaining physical, electronic, and procedural safeguards. We will restrict access to protected data only to individuals who must use it in the performance of their job-related duties. Employees who violate our Privacy Policy will be subject to disciplinary action, which may include termination.

If you have questions or concerns about our Privacy Policy, please contact us at our offices as listed above.

I have read the Privacy Policy and agree with its principles.

Signed: _____ Date: _____