NOTICE OF PRIVACY PRACTICES
GRIFFIN OPTOMETRIC GROUP

Office Contact: Dr. S. Randall Griffin

Effective date of notice: November, 2005

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We may require your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top of this page indicates the date of the most current Notice in effect. If you would like to receive a detailed Notice of Privacy Practices please request a copy at the front desk.

You have the right to receive a copy of our most current Notice in effect. If you have not yet received a copy of our current Notice, please ask at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact Dr. Griffin at 949.492.1853.

_____   _____
Signature   Witness

Please list those individuals with their relationship to you with whom we may communicate:

_____   _____
Name   Relationship

_____   _____
Name   Relationship