

MIDWEST EYE INSTITUTE
Notice of Privacy Practices

**As our Patient, we are offering you a copy of Midwest Eye Institute's
Notice of Privacy Practices to retain for your information/reference.**

**Copies are also available at any time from our reception desk,
or directly from the doctor's office. You are welcome to review or
have a copy of this notice at anytime upon request.**

COMPLAINTS/COMMENTS

If you have any comments, questions, or complaints concerning our privacy practices, you may also contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov).

**YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR
MAKING AN INQUIRY OR FILING A COMPLAINT.**

To obtain more information concerning this notice, you may contact our Privacy Officer:

Barbara Bernhard, Executive Director
Midwest Eye Institute, P.C.
200 West 103rd Street, Suite 1000
Indianapolis, Indiana 46290
Attn: Patient Privacy Request

SIGNATURE REQUIRED

Your signature is required below indicating that the entirety of the Midwest Eye Institute Privacy Practices policy has been shared with you. By signing you also acknowledge that an actual copy of this entire policy has been offered to you as well. A copy of this signature page will be maintained in your medical chart, and can also be given to you upon request.

Patient Signature

Date

Patient Name – [Printed]

This Notice of Privacy Practices is effective April 1, 2003.