



Joseph P. Kiernan, M.D.
Deena F. Leonard, M.D.
Dana L. Kolton, M.D.
Larry L. Cuttone, M.D.
Kathy A. Anderson, M.D.
Charles B. Donlea, O.D.
Marina M. Roytman, O.D.

Cataract, Micro Incision
Glaucoma, SLT Laser
Refractive Surgery
CustomVue, Wavefront
Lasik, PRK, PTK
Pediatric Ophthalmology
Adult Strabismus
Specialty Contact Lenses

August 1, 2005

Dear Patient:

The physicians and staff of Premier Eye Care & Surgery, Ltd. have always protected the confidentiality of our patients' health information. The federal government has established new regulations called The Health Insurance Portability and Accountability Act (HIPAA) designed to ensure the privacy of your health information.

The new regulations protect health information that is maintained by physicians, hospitals, other health care providers and health plans. The Notice of Privacy Practices provided with this letter explains our new policies. It contains very important information and describes how you can exercise your rights with regard to your protected health information.

To maintain the highest level of patient care and service, we will continue to provide these listed services as well as other services that are necessary to provide that care. Unless you instruct to do otherwise, we shall continue:

- Physician/technician/nurse conversation regarding diagnosis and treatment with patients and family in person or on the telephone, in common areas of medical office, hospitals and surgery centers.
- Telephone requests for prescription refill with you, your family and your pharmacy.
- Appointment or recall reminders via U.S. Mail or telephone.
- Patient education communications via U.S. Mail or e-mail.

To instruct us to discontinue these forms of communication, please notify us in writing.

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Privacy Officer at 847/459-6060, or discuss any questions you may have with your physician.

Very truly yours,

Joseph P. Kiernan, M.D.
Medical Director

Please sign to acknowledge that you have received notice of Premier Eye Care & Surgery, Ltd.'s Privacy Policy:

Patient Name _____ Signature _____ Date _____
(Please Print)