

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Allowed Uses and Disclosures of Your Medical Information

- Treatment - such as ordering diagnostic tests,
- Payment - such as submitting billing information to your insurance company, and
- Health Care Operations - such as quality assurance review, coordination of care, eligibility verification.

In addition to the above, your medical information may be used or disclosed for emergency treatment; when we are required by law to treat you, we attempt to obtain consent, and we are unable to do so; we are unable to obtain consent due to substantial communication barriers, and consent for treatment is implied under the circumstances; or we created or received the information in treating an inmate.

You have a right to:

- Request restriction on certain uses and disclosures, however, we are not required to agree to any requested restriction.
- Receive confidential communications from us, upon written request.
- Inspect and request copies of your medical information.
- Receive an accounting of any disclosures made, upon written request.
- Receive a paper copy of the notice upon request.

We are responsible for:

- Maintaining the privacy of you medical information.
- Providing you this notice.
- Abiding by the terms of this notice.
- Providing written notice of any change to this notice.

Complaints:

You may complain to us or to the Health & Human Services secretary if you believe that your privacy has been violated. If you wish to file a complaint with use, please provide the office manager with written notice of how you believe we violated your privacy. All notices received will be investigated and reviewed by a physician. We will respond to all notices within two (2) weeks, and we will not retaliate for any allegations you make.

Authorizations:

Upon your authorization, we may disclose your medical information to a requesting entity, such as an attorney, another provider, or a relative. You may revoke any authorization you make at any time, except to the extent that it was already relied on.

Patient contact:

We may contact you to provide appointment reminders, treatment information, or for patient satisfaction surveys.

To obtain information, contact: Our privacy officer at (813)554-8420

My signature indicates that I have read the above notices. All my questions have been answered satisfactorily.

Signature of Patient or Legal Guardian

Date

Print Name of Patient or Legal Guardian

Patient Name

Patient Date of Birth