

Notice of Privacy Practices

Florida law and the Health Insurance Portability & Accountability Act of 1996 (HIPAA) require us to maintain the confidentiality of all of your health-care records and other individually identifiable health information used by or disclosed to us in any form, whether electronically, on paper, or orally (PHI or Protected Health Information). We want you to be aware of our privacy practices and how your health information about you may be used or disclosed, and how you can get access to your health information.

HOW WE CAN USE OR DISCLOSE HEALTH INFORMATION WITHOUT A SPECIFIC AUTHORIZATION:

1. We may disclose your protected health information (PHI) to another health care provider when requested, in order for that provider to treat you.
2. We may use and disclose your PHI to obtain payment or be reimbursed for services.
3. We may use your PHI when necessary for our health care operations, meaning activities that are necessary to run our business and support the core functions of treatment and payment.
4. We may use and disclose your PHI, when necessary, to authorized persons or organizations, to reduce, or prevent a serious threat to your health and safety or the health and safety of the public.
5. We may use or disclose your PHI when required by law.
6. We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful processes, under certain circumstances.
7. We may disclose limited PHI to law enforcement officials when applicable, to correctional institutions or law enforcement officials when you are an inmate or in lawful custody, and to federal officials for intelligence, and national security activities required by law.
8. We may disclose your PHI to military authorities under certain circumstances, if you are a member of the u.s. or foreign military forces (including veterans).
9. We may disclose limited PHI to your family and/or friends in the event of an emergency or similar circumstance when you are unable to authorize this disclosure to the extent necessary to help with your health care. We may disclose your PHI without authorization to anyone acting as your Personal Representative.
10. We must disclose your PHI to you as described below.

YOUR HEALTH INFORMATION RIGHTS

The health record we maintain and billing records are the physical property of this practice. The information in _____ it, however, belongs to you. You have the following rights.

1. You have the right to review in person or obtain copies of your PHI at any time. To do so, notify us in writing at the above address.
2. You have the right to request amendments to your PHI if you believe it is incorrect or incomplete. To do so, notify Dr. Caton or Dr. Taylor in writing with a reason that supports this request.
3. You have the right to request that we restrict the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request, but if we do, we are bound by our Agreement except in emergencies, or otherwise required by law or if the information is necessary to treat you.
4. You have the right to request that we communicate with you about your PHI and related issues in a particular manner and at a certain location. For example, you can request that we contact you at work and not at home. We will accommodate reasonable requests.
5. You have a right to file a complaint, if you feel your privacy rights have been violated, with this practice or with the Secretary of the Department of Health and Human Services at 200 Independence Ave. SW, Washington, DC 20201. You will not be penalized for filing a complaint.
6. You have a right to a copy of this notice at any time.
7. You have the right to provide an authorization for other uses and disclosures that are not identified by this notice or permitted by applicable law.

Signature: _____ Date: _____