

YOUR INFORMATION, RIGHTS & OUR RESPONSIBILITIES

- This notice describes how medical information about you may be used, disclosed and how you can get access to this information. **Please review carefully.**

YOUR RIGHTS

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record, we may say no to your request & will tell you in writing within 60 days.
- Request confidential communication, we will say yes to all reasonable requests.
- Ask us to limit the information we share or use for treatment, payment or our operations. We are not required to agree upon requests, and we may say “no” if it would affect your care.
- Get a list of those with whom we’ve shared your information, up to 6 years prior to the date of request.
- Get a copy of this privacy notice.
- Choose someone to act for you. Such as your power of attorney or if someone is your medical guardian, that person can exercise your rights and make choices about your health information.
- File a complaint if you believe your privacy rights have been violated, you may contact the office directly on (239) 692-9096. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES

(you have some choices in the way that we use and share information as we):

- Share details of your condition with friends and family.
- Provide disaster relief.
- Include you in a hospital directory.
- Provide mental health care.

OUR USES & DISCLOSURES

• **(we may use and share your information as we):**

- Treat you, we can use your health information with other professionals who are treating you.
- Run our practice, improve your care, and contact you when necessary.
- Help with public health and safety. We can share your information for the following reasons: for disease prevention, helping product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone’s health or safety.

- Comply with the law if the state or federal laws require it, including the Department of Health and Human Services if they want to verify that we are complying with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director in case of death.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described above unless you tell us we can in writing.
- For more information see: <https://www.hhs.gov/hipaa/index.html>

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request. Signature below states that you have read and understood the information above.

Patient signature

Date

OFFICE POLICIES

- Please leave clear telephones messages for all requests, expect a call back within 24 hours or less.
- Please be respectful and kind to our staff, we will always strive to give you excellent care.
- We understand that delays can happen, please let us know in a timely manner if you need to change or cancel your appointment.
- For all prescription refills, please call us or send a request 48 hours in advance.
- We have NO tolerance for narcotic misuse.

FINANCIAL POLICY AND DISCLOSURE

- Please make sure to provide us with current insurance information, we will not bill your insurance, but it is necessary to have the correct information for laboratory tests, diagnostic imaging and outgoing referrals.