



NOTICE OF PRIVACY PRACTICES

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

Primary Care Physicians is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practice with respect to protected health information. Primary Care Physicians is required by law to abide by the terms of this Notice.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

The following describes how Primary Care Physicians may use your protected health information for treatments, payment or health care operations.

Treatment:

Primary Care Physicians may use health information about you to provide you with health care treatment or services. Primary Care Physicians may disclose information about you to doctors, nurses, or other essential personnel who are involved in your care.

Payment:

Primary Care Physicians may use and disclose health information about you to receive payment for services provide to you. Under Florida law we must obtain your written consent in order to submit claims for services provided to you. Failure to sign may force us to decline you as a new patient or discontinue you as an active patient.

Health Care Operations:

Primary Care Physicians may use and disclose health information about you for operational purposes related to our office. We may also and/or disclose your information in accordance with federal and state laws for the following purposes:

Appointments and Reminders
Treatment Information
Disclosure to Department of Health and Human Services
Family and Friends
Notification
Disaster Relief
Health Oversight Activities
Abuse or Neglect
Judicial and Administrative Proceedings

Law Enforcement
Specialized Government Functions
Coroners, Medical Examiner's and Funerals Directors
Organ Donation
Research
Public Health Activities
Public Safety
Worker's Compensation
Business Associates

MINIMUM NECESSARY INCIDENTAL DISCLOSURES AND SUPER CONFIDENTIAL INFORMATION

Our staff will not use or disclose your medical information unless it is necessary to perform their jobs. We will follow both state and federal laws related to the use and disclosure of super-confidential information such as HIV/AIDS, alcohol/substance abuse and mental health records.

AUTHORIZATIONS AND CONSENTS:

We will not use or disclose your medical information for any other purpose other than treatment, payment or health care operations without your written authorization. Once given, you may revoke your authorization in writing at any time. This consent is required under Florida law in order for our office to submit claims and other information needed to receive for services rendered to you or your family.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

- You may ask us to restrict certain uses and disclosures for your medical information. We are not required to agree to your request, but if we do we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific reasons. If we deny requests, we will provide you with a written explanation for the denial and information regarding further right you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by Primary Care Physicians during the last 6 years. Except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types.
- You have the right to complaint to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please require at the Registration desk (you will be directed to our Privacy Officer).
- To file a complaint with the U.S. Department of Health and Human Services you must submit your complaint in writing, within 180 days of the alleged violation to:

Region I.V, Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Phone: 404-562-7886
Fax: 404-562-7881

For the full version of Primary Care Physician's privacy policy, view our website at www.pcpqnv.com