
You have the right to request that your medical information be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

Under the Final Omnibus Rule you are entitled to have your medical information whether electronic or paper-sent directly to a third party.

The Covered Entity or Business Associate is limited to charging an amount equal to its reasonable labor and supply costs (if any) incurred in producing the electronic or paper copy, plus postage (if any).

You have a right to a copy of their medical information in the form requested, if it is readily producible in such form, or if not, in a readable hard copy.

HITECH requires that if medical information is contained in an electronic health record, the individual is entitled to medical information in electronic format.

The Final Rule requires that if medical information is maintained electronically, in a Designated Record Set, regardless of whether it is part of an electronic health record, the Covered Entity must provide access in the electronic form requested, if it is readily producible in such form or, if not in a form agreed upon by the parties.

You have the right to restrict disclosure of medical information to health plan if (1) the disclosure is for the purpose of carrying out payment or healthcare operations and is not

otherwise required by law, and (2) the medical information pertains solely to a health care item or service for which the individual has paid the Center in full. Uses and disclosures other than as provided in the NPP will be made only with authorization. You may revoke authorization.

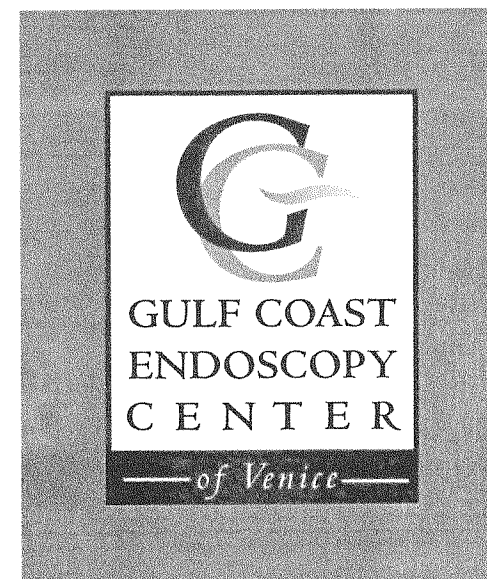
You may request in writing, that we not use or disclose your medical information for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request. Affected individuals will be notified of a breach of unsecured medical information .

Affected individuals will be notified of a breach of unsecured medical information . If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact Terri Lopez. All written requests or appeals should be submitted to our Privacy Officer, Terri Lopez, 1220 East Venice Ave., Venice Florida 34285.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer will provide the address for you.

Under no circumstances will you be penalized for filing a complaint.

Notice of Privacy Practices



April 2003
Updated August 2013

Our Pledge To You

We understand that your medical information is personal. We are committed to protecting your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain.

We are required by law to keep your medical information private, to give you this notice of our legal duties & privacy practices with respect to your medical information and follow the terms of the Notice which is currently in effect.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. If a change is made in policy, the Notice will be changed and posted in the lobby. You can receive a copy of the current Notice at any time. The effective date is listed just below the title.

How we may use and disclose your medical information.

We may use and disclose your medical information for treatment, to obtain payment for treatment, and to support our health care operations.

We may use or disclose your medical information without your prior authorization for several other reasons. Subject to certain requirements, we may give out your medical information without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, coroner or medical examiner investigations, funeral arrangements and organ donation, worker's compensation purposes, product monitoring, repair and recall, lawsuits and disputes, to avert a serious threat to health and safety, national security intelligence activities, military command authorities, inmate information and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We may disclose your medical information to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition. We will never disclose psychotherapy notes, sell your medical information or use it for marketing or fund raising purposes without your authorization.

Other uses of medical information.

In any situation not covered by this Notice, we will ask for written authorization before using or disclosing your medical information. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us of your decision in writing.

Your Rights

In most cases, you have the right to look at or obtain a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us, if it is not part of the medical information maintained by us, or if it is determined that the record is accurate. You may appeal in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6 year period and starting after April 14, 2003. You may receive the list in paper or in electronic form.
