

Summary of Notice of Privacy Practices

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

If you have any questions, Please contact our Compliance Office at:

MediCompliant Solutions, Inc.
350 N.W. 12th Avenue, Suite 150
Deerfield Beach, Florida 33442
(866) COMPLY8 –Toll Free

This Practice's Legal Duty

This Practice is required by law to maintain the privacy of protected health information, to provide individuals with a notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the information practices that are described in this Notice of Privacy Practices ("Notice"). This Notice will be provided to our patients no later than the date of the first service delivery, including service delivered electronically. We will post this Notice in a clear and prominent location where it will be accessible for you to read.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- 1. Request a restriction on certain uses and disclosures of your health information as provided by 45 CFR 164.522;*
- 2. Request and keep a copy of this notice of privacy practices upon your request, and inspect and obtain a copy of your health record as provided for in 45 CFR 164.524;*
- 3. Amend your health record as provided in 45 CFR 164.528;*
- 4. Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;*
- 5. Request communications of your health information by alternative means or at alternative locations;*
- 6. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.*

The Practices responsibilities and Our Pledge to you

This organization is required by law to:

- 1. Maintain the privacy of your health information;*
- 2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;*
- 3. Abide by the terms of this notice;*
- 4. Notify you if we are unable to agree to a requested restriction;*
- 5. Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.*

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

*If you have questions, complaints or would like additional information, you may contact the **Practice's** outside Compliance Office at MediComplaint Solutions, Inc., 350 N.W. 12th Avenue, Suite 150, Deerfield Beach Florida 33442, (866) COMPLY8 (toll free). All complaints must be submitted in writing. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.*

How We Will Use Your Health Information

- We will use your health information for treatment purposes.
- We will use your health information for payment purposes.
- We will use your health information for regular health operations.
- We will use your health information to make appointment reminders
- We will use your health information to recommend treatment alternatives.
- May use your health information with business associates under certain circumstances.
- We will use your health information to make necessary notifications.
- We will use your health information in communications with family or individuals involved in your care or payment for your care.
- We may use your health information in research under certain circumstances.
- We may use your health information in working with coroners, medical examiners & funeral directors under certain circumstances.
- We may use your health information with organ procurement organizations under certain circumstances.
- We may use your health information in marketing functions under certain circumstances.
- We may use your health information with the Food and Drug administration (FDA) under certain circumstances.
- We may use your health information in working with workers compensation agencies under certain circumstances.
- We may use your health information in working with certain public health agencies under certain circumstances.
- We may use your health information in working with correctional institutions under certain circumstances
- We may use your health information in working with law enforcement agencies under certain circumstances.
- We may use your health information in working with military and veterans agencies under certain circumstances.
- We may use your health information in connection with lawsuits and disputes under certain circumstances.
- We may use your health information in relation to certain national security & intelligence activities under certain circumstances.
- We may use your health information in relation to protective services for the President and others under certain circumstances.

You have the following rights regarding health information we maintain about you:

- Right to inspect and copy
- Right to amend
- Right to an accounting of disclosures
- Right to request restrictions
- Right to request confidential communication
- Right to a paper copy of this notice

You may obtain a copy of this notice at our Practice or Compliance Office website:
www.medicompliant.com

Changes to this notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the waiting room of the Practice. The notice will contain on the first page, in the top right-hand corner, the "Effective Date". In addition, each time you register at or are admitted to this practice for treatment or health care services, we will make available to you a copy of the current notice in effect. We will post all new notices in the waiting room of the Practice. You can request a copy of our notice at any time.

Should we revise this notice because of a material change to the uses or disclosures of protected health information, to individual's rights, to our legal duties, or to other privacy practices stated in the notice, we will promptly revise and make available the new notice. Except when required by law, a material change in any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected. Pursuant to the HIPAA privacy regulations, we will document compliance with the notice requirements by retaining copies of all notices issued.

Other uses of health information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization you may request in writing that we do not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. If you provide us authorization to use or disclose health information about you, you, may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

FOR MORE DETAILED INFORMATION ON ALL TOPICS SET FORTH IN THIS SUMMARY OF NOTICE OF PRIVACY PRACTICES PLEASE REFER TO OUR PRACTICES COMPLETE NOTICE OF PRIVACY

NOTICE OF PRIVACY PRACTICES

NOTICE AND ACKNOWLEDGEMENT

ACKNOWLEDGEMENT:

I acknowledge that I have received the attached Notice of Privacy Practices.

Patient or Personal Representative Signature

Date

Print Name

If personal representative's signature appears above please describe personal representative's relationship to the patient: _____