

Privacy Notification

Effective 4/14/03

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- ❖ Basis for planning your care and treatment
- ❖ Means of communication among the many health professionals who contribute to your care
- ❖ Legal document describing the care you received
- ❖ Means by which you or a third-party payer can verify that services billed were actually provided
- ❖ Tool in educating health professionals
- ❖ Source of data for medical research
- ❖ Source of information for public health officials charged with improving the health of the nation
- ❖ Source of data for facility planning and marketing
- ❖ Tools with which we can assess and continually work to improve the care we render and the outcomes we achieve
- ❖ Understanding of what is in your record and how your health information is used to help you to:
 - Ensure its accuracy
 - Better understand who, what, when, where and why others may access your health information
 - Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

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

- ❖ Request, in writing, a restriction on certain uses or disclosure of your information
- ❖ Obtain a paper copy of the notice of information practices upon request.
- ❖ Request, in writing, to inspect and copy your health record. If you request a copy of your records, we may charge a fee for the costs of copying and mailing those records
- ❖ Obtain an accounting of disclosures on your health information
- ❖ Request communications of your health information by alternative means or at alternative locations
- ❖ Revoke your authorization to use or disclose health information except to the extent that actions has already been taken

Our Responsibilities

This organization is required to:

- ❖ Maintain the privacy of your health information
- ❖ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ❖ Abide by the terms of this notice

We reserve the right to change our practices and make the new provisions effective for all protected health information we maintain. Upon your request, we will provide you with any revised PRIVACY NOTIFICATION.

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 believe your privacy rights have been violated, you can file a complaint with the director or health information management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

How We May Use and Disclose Medical Information About You

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team may share medical information about you in order to coordinate the different things you need, such as prescriptions or diagnostic tests. We also may disclose your medical information to people outside our office, such as family members, or others we may rely upon or ask to assist us in caring for you. We will provide you physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

We may use and disclose medical information about you so that the treatment and services we provide may be billed to and payment may be collected from you and / or your insurance company.

We may use and disclose medical information in connection with our efforts to remind you that you have an appointment.

We will disclose your medical information when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Patient's Acknowledgement

I acknowledge that I have been provided with the Colon & Rectal Clinic of Orlando's Privacy Notification and that I have read and fully understand the notice.

Patient's Printed Name: _____

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____