



## Notice of Privacy Practices

### **Your Information. Your Rights. Our Responsibilities.**

The notice is a summary of our NPP and generally describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Additional copies of our NPP is available at the Front Desk of this Office.

If you have any questions or want to make a complaint or exercise any of your rights, please call or email the Local Compliance and Privacy Officer, Rida Rao (Office Manager)

#### **Your Rights You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy act for you
- File a complaint if you believe your privacy right have been violated

#### **Your Choices You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief • Include you in a hospital directory
- Provide mental health care
- Market our services and sell you information
- Raise funds

#### **Our Uses and Disclosures We may use and share your information as we:**

- Treat you
- Run our organization



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- Bill for your services
- Help with public health and safety issues
- Do research • Comply with the law
- Respond to organ and tissue donation requests
- Address workers' compensation, law enforcement, and other government request
- Respond to lawsuits and legal action

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow duties and privacy practice described in our Notice of Privacy Practices and give you a copy of it.
- We must tell you when state laws require us to get your consent to use or share your medical information. You may see the list of state laws that require your consent at: [www.adventishealthsystem.com/portals/1/doc/NPPP/NppAttachmentAStateLaw.pdf](http://www.adventishealthsystem.com/portals/1/doc/NPPP/NppAttachmentAStateLaw.pdf) or you may ask a registration clerk for a paper copy. We also ask you for consent to share your medical information under state law on our Admission Agreement or Consent to Treatment forms. Please call the Local Compliance and Privacy Office if you do not want to consent to these disclosures, so we can grant your request.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change mind, but it will not affect information we have already shared. For more information see: [www.hhs.gov/oc/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/oc/privacy/hipaa/understanding/consumers/noticepp.html).

Changes to the Terms of Our Notice We can change the terms of Notice of Privacy Practice, and the changes will apply to all information we have both you. The new notice will be available upon request, in our office, and on our web site.



## **Notice of Privacy Practices**

### **Our Entities that Follow Our Notice This notice applies to:**

- Any health care professional authorized to enter information onto your medical chart.
- All physician practices associated with Florida Spine & Pain Specialists
- All the staff working at Florida Spine & Pain Specialists