



Health Insurance Portability & Accountability Act

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

Provider Notice of Information Practices

We use health information about you for treatment (diagnostic testing, prescription, referral etc.) to obtain payment (submit claims and/or encounters to billing services and/or clearinghouses, and/or collection agencies, etc.) for administration purposes (reporting, utilization management, quality improvement and surveys, etc.) and to evaluate the quality of care that you receive. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose identifiable health information without your authorization for several other reasons. Subject to certain requirements, we may give out health information with your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may apply a change to our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the office manager.

Individual Rights

You have the right to look at or obtain a copy of electronically protected health information about you that we use to make decisions about you. If you request copies, we will charge you \$.50 for each page. You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information is incorrect or if important information is missing you have the right to request in writing that we amend the existing information.

You may request in writing that we restrict and/or 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 agree to it.

If you are concerned that we have violated your privacy rights, or you disagree with a section we made access or amendment to your records, you may contact the office manager. You may send a written complaint to U.S. Department of Health and Human Services. The office manager can provide you with the appropriate address upon request. We are required by law to

protect the privacy of your information, provide this notice about your information practices, and follow the information practices that are described in this notice.

You have the right to express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of Pain Consultants of West Florida which served you and to the appropriate state licensing agency. You can write the Agency for Health Care Administration (AHCA) at 2727 Mahan Dr., Tallahassee, Florida 32308 or call them at 1-888-419-3456.

If you have any questions or complaints, please contact our office manager, Jessica Sorsby at 850-484-4080.

Patient Name (Printed)

Patient Signature

Date