

Notice of Privacy Practices

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 and 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, a means of communication among the many health professionals who contribute to your care, a legal document describing the care you received, a means by which you or a third party payer can verify that services billed were actually provided. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, and to 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 Peninsula Urology Associates, P.A., the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a copy of your health record for a fee of \$25.00. You also have the right to inspect your record. Record inspection is to be scheduled by appointment only as directed by management. You may obtain an accounting of disclosures of your health information and / or 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 action 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, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the Business Office at (410) 546-2133. If you believe your privacy rights have been violated, you can file a complaint with the Business Office or with the Secretary of Health and Human Services.

DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:

We will use your health information for treatment and for payment. We will also use it as needed for business associates such as other physicians, labs and billing companies. To protect your health information, however, we require the business associate to appropriately safeguard your information. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement with your care or payment related to your care. We will also provide your health information as required by law to Worker's Compensation, public health officials, correctional institutions, and law enforcement officials.

Patient Signature

Date Signed

Other authorized Person(s) for Disclosure / relationship / telephone number

Date Effective