

## **Notice of Privacy Practices**

This notice describes how your medical information may be used and disclosed and how you can gain access to this information.

### **Allowed Uses and Disclosures of Your Medical Information:**

- Treatment
- Payment
- Health care operations

### **You Have a Right to:**

- Request restriction on certain uses and disclosures, however, we are not required to agree to any restricted restriction
- Receive confidential communications from us, upon written request
- Inspect and request copies of your medical information, upon written request
- Request to amend incorrect or incomplete medical information, upon written request
- Receive an accounting of any disclosures made, upon written request

### **We are Responsible for:**

- Maintaining the privacy of your medical information
- Abiding by the terms of this notice
- Providing written notice of any changes to this notice

### **Authorizations:**

Upon your written authorization (verbal or implied in event of an emergency), we may disclose your medical information to a requesting entity, such as another provider, a relative, or a caretaker. You may revoke any authorization you make at any time, except to the extent that it was already relied on.

### **Patient Contact:**

We may contact you by telephone, mail, or e-mail to provide such information as appointment reminders, treatment information, or any other necessary communications.

### **Complaints:**

You may complain to us or to the Department of Health and Human Services if you believe that your privacy has been violated. If you wish to complain to us, please provide the office manager with written notice if you believe your privacy has been violated. All notices received will be investigated and reviewed by a compliance officer. To obtain information, contact our Office Manager at 727-440-7786.

**I have reviewed the “Notice of Privacy Practices” from Compassionate Care Clinics of Pinellas. I understand a copy will be provided upon request.**

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**Patient/Guardian Signature**

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**Date**