

**YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of this office, you have the right to:

**Inspect and Copy:** You have the right to view your Protected Health Information, obtain a copy of the information, or both. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We are allowed to charge you for the copies.

**Amend:** If you feel that medical information is incorrect or incomplete, you may ask us to amend (not change) the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request a list of certain disclosures we make of your medical information for purposes other than treatment, payment, or healthcare operations.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. We are not required to agree to your request. If we do agree to the requested restriction, it will be honored with the exception of permitted disclosures, including emergency treatment, public health authority, Food & Drug Administration, work-related injury, and OSHA compliance.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (for example, at work, or by U.S. Mail). We will grant this request only if it is submitted in writing. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.

**A Paper Copy of This Notice:** You may ask us to give you a copy of this Notice.

If you have any questions about this Notice, please contact our Privacy Officer at 850-862-3127.

We reserve the right to change this notice and to make the new provisions effective for all Protected Health Information we maintain from the first date of your health record. The current notice will be posted and include this effective date.

If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer in our office at 850-863-2006. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may revoke your permission to use or disclose medical information about you, in writing, at any time. If you revoke your permission, we will not longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Acknowledgement of Receipt of Notice of Privacy Practices, Office of <u>THE BREAST CLINIC</u>		
By signing this document, I acknowledge that I have read a copy of this office's Notice of Privacy Practices.		
_____	_____	_____
PRINT Name	Signature	Date
<u>Office Use Only:</u>		
Date Acknowledgement received _____ by _____		
OR reason Acknowledgement was not obtained _____		