
Notice of Privacy Practices

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.

A. How this Medical Practice May Use or Disclose Your Health Information

This medical practice collects health information about you and stores it in a chart and/or on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.
2. **Payment.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations.** We may use and disclose medical information about you to operate this medical practice. These activities include, but are not limited to, quality assessment activities, employee review, training of medical students, or to get your health plan to authorize services or referrals. We may also share your medical information with our "business associates", such as our clinical research partners. We require that they appropriately safeguard your information. We may also share your information with other health care providers, medical students or others in training, health care clearing houses or health plans that have a relationship with you.
4. **Appointment Reminders, Notification and Communication with family.** We may use or disclose, using our best judgment, your health information to notify or assist in notifying a family member, other relative, close personal friend or any another person you identify or is involved in your care. We may also use your health information, as necessary, to remind you of an appointment. We may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Disclosure without Authorization.** We may use or disclose your protected health information without your authorization under the following circumstances: as required by Law, in the interest of Public Health and Safety to prevent communicable diseases or avert a threat to public safety, to the FDA regarding adverse events, Law Enforcement, Judicial and Administrative proceedings including subpoenas and medical review, Military authorities, Coroners, Funeral Directors, Organ or Tissue Donation Organizations, Research, Worker's Compensation, and in the case of transfer of ownership of the practice.

B. Your Health Information Rights

1. **You have the Right to Request Restrictions** on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.
2. **Right to Inspect and Copy.** You may request in writing to inspect and copy your health information, with limited exceptions. You may be charged a fee for copying and staff time.
4. **Right to Amend or Supplement.** You have a right to request in writing that we amend your health information that you believe is incorrect or incomplete, but must include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, if we believe our information to be correct. You

also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this practice does not have to account for disclosures as described in A. 1,2,3,4,5.

6. You have a right to a paper copy of this Notice of Privacy Practices.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to us. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201. You will not be penalized for filing a complaint.



Acknowledgement of Receipt of Notice of Privacy Practices

(The Pensacola Lung Group reserves the right to modify the privacy practices outlined in the notice.)

I have received a copy of the notice of Privacy Practices for the Pensacola Lung Group.

Name: _____

Signature: _____

Date: _____

Signature of Patient Representative: _____
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship to Patient: _____