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Notice of Privacy Practices

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

*Your personal and health information are used for the purpose of forming the correct diagnosis and treatment, to track your progress in response to treatment, and for billing purposes.

*As required by law we may disclose your healthy information to the public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- *request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- *obtain a paper copy of the notice of privacy practices on request.
- *request a copy of your health record as provided for in 45 CFR 164.524.
- *request an amendment to your health record as provided in 45 CFR 164.528.
- *obtain an accounting disclosure of your health information by alternative means, i.e.: request records to be mailed instead of faxed.
- *revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our responsibilities are to:

- *maintain the privacy of your health information.
- *provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
- *abide by the terms of this notice.
- *notify you if we are unable to agree to the requested restriction.
- *accommodate reasonable requests you may have to communicate health information by alternative means.

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. We will not use or disclose your health information without your authorization, except as described in this notice.

If you have any questions, you may contact our office at (727) 319-8819. If you believe that your privacy rights have been violated, you can file a complaint with our office manager or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. Telephone: (202) 619-0257 or Toll Free: 1-877-696-6775 or write to:

The U.S. Dept. of Health and Human Services
200 Independence Ave. SW.
Washington, DC 20201

Patient Signature _____ **Date** _____