

### **Your Health Information Rights**

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

**A Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

**Inspect and Copy:** You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to our Medical Records Department at (239) 513 1002 or bring it to our practice. We will have 30 days to respond to your request for information. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

**Request Amendment:** You have the right to request that we amend your medical information if you feel that is incomplete or inaccurate. You must make this request, in writing, to our practice manager stating exactly what information is incomplete or inaccurate, and the reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment;
- The information is not part of the record which you are permitted to inspect and copy;
- The information is not part of the designated record set kept by this practice; or if it is the opinion of the health care provider that
- the information is accurate and complete.

**Request Restrictions:** You have the right to request a restriction or limitation of how we use or disclose your medical information for treatment, payment, or health care operations. *For example* – you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment of your care. Your request must be made in writing to our privacy officer.

We are not required to agree to your request if we feel that it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.

**An Accounting of Disclosures:** You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information). Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications:** You have the right to request how we communicate with you to preserve your privacy. *For example* – you may request that we call you only at your home number, or by mail at a special address or postal box. Your request must be made in writing and it must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint:** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice manager or directly to Secretary of Health and Human Services. To file a complaint with our Privacy Officer, you can make it verbally or in writing. Provide as much detail as you can about the suspected violation and send it to: Privacy Officer 11181 Health Park Blvd, Suite 3010, Naples, FL 34110 or call (239) 513-1002.

**Uses or Disclosures Not Covered:** Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

**Any changes to this notice will be posted in our waiting rooms.**

#### **For More Information**

If you have questions or would like additional information, you may contact our Privacy Officer at (239) 513-1002.

Effective Date: April 2003