

**Notice of Privacy for:
Patients Protected Health Information**

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

This office abides by the terms described in this policy.

This office reserves the right to use and discloses your protected healthcare information for the following reasons:

- To share with other treating healthcare providers regarding your healthcare.
- To submit to insurance companies or workers compensation claim to verify that treatment has been rendered.
- To determine patient's benefits in a healthcare plane.
- Releasing information required by State or Federal Public Health Law.
- To assist in overcoming a language barrier when caring for a patient.
- Business associations providing written assurance for your privacy have been attained.
- Emergency situations.
- Abuse, neglect or domestic violence.
- Newsletters, via-email, post cards for; birthdays or appointment reminders as well as testimonials.
- Appointment reminders to household members or answering machines.
- Sign-in logs may be disclosed to verify office visits.

Any other uses or disclosure will only be made with your specific written prior authorization.

You have the right to:

- Revoke authorization in written at any time by specifying what you want restricted and to whom.
- Speak to our privacy officer at: (954) 925-1966 regarding any privacy issues.
- Inspect copy and amend your protected health information and amend it as allowed by law.
- Obtain an accounting disclosure of your protected health information.
- To render a complaint to our privacy officer or the Secretary of Health and Human Services.

This office reserves the right to change the terms of this notice and to make new notice provisions for all protected health information that it maintains. Patients may also get an update copy upon request at any time by asking the staff. A complete copy of our Notice of Privacy Practices can be in our office and can be reviewed at any time.

I acknowledge that I have received and reviewed this notice with full understanding.

(Printed Name of Patient)

(Date)

(Signature)

(Witness)