

THE PRIMARY CARE CENTER OF LAKE CITY

NOTICE OF PRIVACY PRACTICE

Our Pledge To You

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain.

We are required by law to keep medical information about you private, to give you this notice of our legal duties & privacy practices with respect to medical information about you, and follow the terms of the Notice that are currently in effect.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. If a change is made in policy, the Notice will be changed and posted in the lobby. You can receive a copy of the current Notice at any time. The effective date is listed just below the title.

How we may use and disclose medical information about you.

We may use and disclose medical information about you for treatment, to obtain payment for treatment, and to support our health care operations. We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, coroner or medical examiner investigations, funeral arrangements and organ donation, workers' compensation purposes, product monitoring, repair and recall, lawsuits and disputes, to avert a serious threat to health or safety, national security intelligence activities, military command authorities, inmate information and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We may disclose medical information about you to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition.

The Primary Care Center will not leave an appointment reminder on an answering machine if you are unable to answer your phone. We will leave a message requesting a return call, and will give you the date and time of the appointment made at that time. The Primary Care Center will also be sending reminders of missed appointments by postcard if we are unable to reach you by telephone.

Other uses of medical information

In any situation not covered by this Notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us of your decision in writing.

Your Rights

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us, or if it is determined that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or in electronic form.

The first disclosure list request in a 12-month period is free; other requests will be charged for producing the list. We will inform you of the cost before you incur any costs.

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact Rayna Harris, our Privacy Officer.

All written requests or appeals should be submitted to our Privacy Officer,

Rayna Harris
THE PRIMARY CARE CENTER
3140 NW Medical Center Ln, Suite 130
Lake City, Florida 32055

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer will provide the address for you. Under NO circumstance will you be penalized for filing a complaint.