

**WHITE WILSON MEDICAL CENTER, P.A.**  
**NOTICE OF PRIVACY PRACTICES**  
**Effective April 14, 2003**

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.

If you have any questions about this Notice please contact our Privacy Officer at (850) 863-6606.

This Notice of Privacy Practices describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your health information. "Health information" is information about you, including demographic, that may identify you and that relates to your past, present or future physical health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to revise our Notice of Privacy Practices and to make the new provisions effective for all protected health information maintained at that time. Revised notices will be made available to you upon request.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose your health information. **Except for the following purposes, we will use and disclose your health information only with your written permission.** You may revoke such permission at any time by writing to our practice Privacy Officer.

**Treatment.** We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including those working outside our facility, who are involved in your medical care and need the information to provide treatment.

**Payment.** We may use and disclose your health information so that we or others can bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

**Health Care Operations.** We may use and disclose your health information for operational purposes. For example, your health information may be disclosed to other members of the medical staff, quality improvement personnel and others in a continual effort to improve the quality and effectiveness of the health care we provide.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose your health information to contact you and advise you of future appointments as well as treatment alternatives or health-related benefits and services that may be of interest to you.

**Research.** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**As Required by Law.** We will disclose health information when required to do so by federal or state law. For example, our practice may disclose information for the following purposes: to comply with state laws regarding Workers' Compensation; to report information on victims of abuse, violence and neglect; in response to subpoena or court order.

### **YOUR HEALTH INFORMATION RIGHTS:**

You have the following rights regarding your White Wilson Medical Center health information:

**Right to Inspect and Copy.** You have the right to review and have copies made of any health information maintained at White Wilson Medical Center. Your written request for copies or review of your medical record must be directed to our Health Information Services Department.

**Right to Request an Amendment.** If you feel that health information we have on you is incorrect or incomplete, you may request that we amend the information. Your written request for an amendment must be directed to our Privacy Officer in our Health Information Services Department.

**Right to Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of your health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. Your written request for an accounting of disclosures must be directed to our Privacy Officer in our Health Information Services Department.

**Right to Request Restrictions.** You have the right to request a restriction on certain uses and disclosures of your health information. However, we are not required to agree to your requested restriction if we feel it necessary to provide you with services or treatment that are essential to your health care. Your written request for a restriction must be directed to our Privacy Officer in our Health Information Services Department.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your written request for confidential communication must be directed to our Privacy

Officer in our Health Information Services Department and must specify how or where you wish to be contacted. We will try to accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Clinic Administrator in writing. You will not be penalized for filing a complaint.