



## Summary of Notice of Privacy Practices

**Our Legal Duty:** We have a duty to protect the confidentiality of medical information about you. We are required to provide you with a Notice of Privacy Practices explaining ways we may use and disclose your medical information. The Notice is posted in our Lobby for patient view and describes your legal rights and our obligations regarding the use and disclosure of your medical information.

**Parties Following the Notice:** The Notice will be followed by Centered on Wellness and its affiliates, including MDVIP and Golden Isles Center for Plastic Surgery, together with their health care professionals, staff; and those participating in managed care networks with Centered on Wellness; and other legal entities that provide services to the Centered on Wellness

**How We May Use and Disclose Medical Information About You:** We may use or disclose identifiable health information about you for many reasons, including, but not limited to the following:

Treatment	To affiliates (MDVIP & GICPS) or 3 <sup>rd</sup> party vendors (RX, lab tests)
Payment	To 3 <sup>rd</sup> party billing company
Health care operations	To remind you of appointments, treatment options, fundraising
Public health purposes	To prevent, control, report disease
Auditing	Law enforcement purposes
Electronically	How Medical Information is transmitted (EMR – Electronic Medical Record) To Health Professionals, Pharmacies, etc.
Research	Health oversight activities
As required by law	National security/protective services
Lawsuits and disputes	Required by law

**In general,** other uses and disclosures of your medical information will require your written authorization. We may use or disclose certain limited information about you. Unless you object or request a limitation of the disclosure, for;

- Providers and organizations involved in your care or payment

**You have the following rights with respect to your health information:**

- The right to request confidential communications and alternative means of communication with you.
- The right to request restrictions on certain uses of your health information.
- The right to inspect and copy certain medical information that we maintain about you.
- The right to request an amendment of your information.
- The right to an accounting of certain disclosures of your health information.

**Changes to the Notice:** We reserve the right to change the Notice. We will post any revised Notice in the Centered on Wellness office.

**Complaints:** If you believe your rights have been violated, you may file a written complaint with the Centered on Wellness Privacy Officer, or with the Secretary of the U. S. Department of Health and Human Services.

Who do you give permission to receive medical information: \_\_\_\_\_

### ACKNOWLEDGMENT

**Patient Name:** \_\_\_\_\_

I acknowledge that I have been provided with an opportunity to receive the Notice of Privacy Practices for Centered on Wellness. In reviewing the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_