

## HIPAA Notice of Privacy Practices

Dr. Norman D. Knowles  
1511 S. 25<sup>th</sup> Street Suite B  
Ft. Pierce FL, 34947  
(772) 464-7214

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

### Uses and Disclosures of Protected Health Information

Your protected health information may be used and discussed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care service to you, to pay your health care bills, to support operation of the physician's practice, and any other use required by law.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Diseases: Abuse or Neglect: Food and Drug Administration requirements: Law Enforcement: Coroners, Funeral Directors and Organ Donation: Research, Criminal Activity: Military Activity, and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization at any time in writing except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to inspect and copy your protected health information. You have the right to request a restriction of your protected health information. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You have the right to a paper copy of this Notice.

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this notice.

To Make Privacy Complaints

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed on the first page of this Notice. You may also file a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights. The privacy of your health information is important to us. We will not retaliate against you in any way if you choose to file a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is only acknowledgement that you have received the notice of our privacy practices.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_