DR. TOWNSEND & ASSOCIATES, P.A.

HIPPA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMAITON. PLEASE REVIEW IT CAREFULLY.

This Notice of Private Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) 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 condition and related health care services.

1. Uses and Disclosure of Protected Health Information

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

- Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care for you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

- Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

- Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your therapist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration area desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

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 Issue as Required by Law
Communicable Diseases
Health Oversight
Abuse or Neglect
Food and Drug Administration Requirements
Law Enforcement
Coroners, Funeral Directors and Organ Donation
Military Activity and Nation Security
Worker's Compensation
Inmates
Required Uses and Disclosures
Criminal Activity
Research
Legal Proceedings

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.

2. Your Rights

The following is a statement of your rights with respect to your protected health information and how you may exercise these rights.

- **Inspect and Copy your protected health information:** Under Federal Law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action proceeding, and protected health information that is subject to law that prohibits access to protected health information.

- **Request a restriction of your protected health information:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care of for notification purposes as described in this Notice of Privacy Practices. Your request most state the specific restriction requested and to whom you want the restriction to apply.

  Your provider is not required to agree to a restriction that you may request. If your provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

- **Request to receive confidential communications from us by alternative means or at an alternate location:** Upon request, even if you have agreed to accept this notice alternatively. i.e. electronically.

- **Have a physician amen your protected health information:** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

- **Receive an accounting of certain disclosures we have made, if any.**

- **Obtain a copy of this notice from us.**

3. Complaints:

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying Elinor Hubbard, Practice Manager at telephone number (904) 797-2705. **We will not retaliate against you for filing a complaint.**

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity unless require by law.

You may revoke this authorization, at any time, in writing, except that you physician or physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdrawal as provided in this notice.

This notice was published and becomes effective on/or before September 2014.

You signature below is only acknowledgement that you have received this notice of our Privacy Practices.

DR. TOWNSEND & ASSOCIATES, P.A.

I have been provided a copy of and the opportunity to review the Privacy Practices for Dr. Townsend & Associates, PA.

Print Name:_____

Signature:_____

Date:_____

9 ST. JOHNS MEDICAL PARK DRIVE, ST. AUGUSTINE, FL 32086 (904)797-2705

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