



## **Health Insurance Portability and Accountability Act**

### **Notice of Privacy Practices**

The Health Insurance Portability and Accountability Act was created by Congress in 1996 to ensure that privileged patient information will not be shared by organizations that handle personal health information unless a client consents. The following Privacy Practices Notice explains.

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.**

Your patient file may contain personal information about your health and/or the health of your child(ren). This information may identify you and relates to your past, present or future physical or mental health condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

#### **How we may use and disclose health care information about you:**

We use health information about you for treatment (diagnostic testing, prescription, referral, etc.) to obtain payment (submit claims and /or encounters to billing services and / or clearinghouses, and / or collection agencies, etc.) for administrative purpose (reporting, utilization management, quality improvement and surveys, etc.) and to evaluate the quality of care that you receive. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances.

In any other situation we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. For more information about our privacy practices, contact the person listed below.

### **Individual rights**

You have the right to look at, get a copy of or receive electronically protected health information about you that we use to make decisions about you. If you request copies we will charge you \$1.00 for each page. You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend the existing information. You may request in writing that we restrict and / or not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to agree to it.

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access or amendment to your records, you may contact the person listed below. You may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

### **Our legal duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice

*If you have any questions or complaints, please contact:  
Privacy Officer at Premier Urgent Care Center, LLC*

Address: 2400 W. Sample Road, Suite 4 Pompano Beach, FL 33073

Phone: 954-580-1036

Email: [info@premierurgentcarefl.com](mailto:info@premierurgentcarefl.com)

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