



Florida Gulf-to-Bay Pain Medicine

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 INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive from our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you.

2. OUR LEGAL DUTY

Law Requires Us To:

1. Keep your medical information private
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We Have The Right To:

1. Change out privacy practices and terms of this notice, provided changes are permitted by law.
2. Changes that are made will effect all medical information, including previously received information.

If any changes are made, the new notice will be available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following are ways that we will be using and disclosing your medical information **FOR TREATMENT:** We may share medical information about you to doctors, nurses, technicians, medical students, or other people taking care of you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes. When billing your insurance company, the information on, or accompanying the bill may include your medical information.

FOR HEALTH CARE OPERATIONS: We may use your medical information for our health care operations. This might include: quality improvement, training programs, evaluating the performance of employees etc.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look at, or get copies of your medical information. You must make your request in writing. You may obtain this form from our office's front desk.
2. Receive a list of all the times we have shared your medical information for purposes other than treatment, payment and health care operations.
3. Request that we place additional restrictions on our use or disclosure of your medical information.

If you have any questions about this notice, or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit request involving any of your rights in Section 4 of this notice by writing to the following address:

**Gulf-to-Bay Anesthesiology Associates, P.A.
118 S. Oregon Avenue
Tampa, FL 33606
813-253-2273 (phone)
813-253-2279 (fax)**