

**Dr. Luis E. Martinez 3770 16<sup>th</sup> Street North St. Petersburg, FL 33704**

## **Notice of Privacy Practices**

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

1. The office of Dr. Martinez may use or disclose protected health information for the purposes of treatment, payment or healthcare operations, for example: communications with health care providers and submission of health insurance claims.
2. The office of Dr. Martinez may use or disclose protected health information for the following reasons:
  - A) Uses and disclosures for public health activities;
  - B) Reporting about victims of abuse, neglect or domestic violence;
  - C) Disclosures for health oversight activities;
  - D) Disclosures for law enforcement purposes;
  - E) Disclosures for judicial and administrative proceedings;
  - F) Uses and disclosures about decedents;
  - G) Disclosures to avert a serious threat to health or safety;
  - H) Uses and disclosures for specialized government functions;
3. Other uses and disclosures will be made only with the individual's written authorization and the Individual may revoke such authorization.

### **ADDITIONAL USES DISCLOSURES**

1. The office of Dr. Martinez may contact the patient to provide appointment reminders (by mail, e-mail or phone) or information about treatment alternatives or other health-related benefits and services that may be of interest to the patient.

### **STATEMENT OF INDIVIDUAL RIGHTS**

An individual has the following rights:

1. The right to request restrictions on certain uses and disclosures. Our office is not required unless a restriction is requested;
2. The right to receive confidential communications;
3. The right to inspect and copy protected health information (fee for copying)
4. The right to amend protected health information;
5. The right to receive an accounting of disclosures of protected health information;
6. The right (including that of an individual who has agreed to receive the notice electronically) to obtain a paper copy of the notice from the practice upon request.
7. Our office is required by law to maintain the privacy of confidential information and to provide individuals with notice of its legal duties and privacy practices with respect to such information.
8. Our office is required to abide by the terms of the notice currently in effect.
9. Our office reserves the right to change the terms of its notice and to make notice provisions effective for all confidential information that it maintains. Individuals will be provided with a revised notice if any changes are made.

### **COMPLAINTS**

Individuals may complain to the practice's Medical Records Custodian and to the Secretary of the DHHS if they believe their privacy rights have been violated.

The individual may contact the Medical Records Custodian via telephone at 727-525-1224. Our office will not retaliate against individuals for filing complaints.

Effective date of this notice: April 14, 2003