ABSOLUTE SURGICAL SPECIALISTS

1046 Cypress Village Blvd, Sun City Center Fl, 33573
www.absolutesurg.com 813-633-0081

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.

At Absolute Surgical Specialists, we have always kept your health information secure and confidential. The Health Insurance Portability and Accountability Act require us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment. For example, reviews of your file by a specialist doctor whom we may involve in your care. We may release some or all of your health information for payment of your services. For example, we may send a report of your progress to your insurance company. This Notice is effective April 14, 2002 and applies to all protected health or medical records, serves as a

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

We may use or disclose your health information for our normal healthcare operations. For example, on our staff will enter your information into our electronic medical record system. We may use your information to contact you. For instance, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law. If this practice is sold, your information will become the property of the new owners.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

Your Health Information Rights

You have the right to transfer copies of your health information to another practice as provided for in CFR 164.524. We will send your electronic medical records for you. You have the right to receive a copy of your health information, with a few exceptions, please provide us with a written request regarding the information you want to have copied; however, we may charge you a reasonable fee for the copies.

You have the right to request and amend your health information as provided in 45 CFR 164.528. Please provide us with your request to make changes in writing. If you wish to include a statement in your file, please provide it to us in writing. We may or may not make the changes that you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will neither move nor alter earlier documents, but will add new information.

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Our practice is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practice with respect
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to

the procedure included in this authorizations.

You have the right to receive a copy of this notice at any time upon request.

If we change any details of this notice we will notify you in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue SW, Room 509 F, and Washington, D.C. 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer: Craig Amshel , M. D. 813-633-0081

I have read the above statement and understand the policies for the Privacy Notice.

_____ _____ _____

Patient, Parent or Legal Guardian Relationship to Patient Date