

# PATIENT PRIVACY NOTICE

## HANDOUT

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals within the hospital for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the hospital receiving payment for providing you with needed healthcare services. If you wish to pay out of pocket for health services, you have the right to restrict disclosure of this information to your health plan.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the hospital to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by the hospital operations.
- You have the right to restrict the use of your confidential healthcare information. However, the hospital may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.

## PATIENT PRIVACY NOTICE HANDOUT (continued)

- You have the right to know who has accessed your confidential healthcare information and for what purpose. You have the right to be notified of a breach of your protected health information.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The hospital is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The hospital will abide by the terms of this notice. The hospital reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Changes to this notice will be posted at the hospital in prominent locations.
- You have the right to complain to the hospital if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the hospital:

ATTN: Karla Rockwell  
Doctors Memorial Hospital  
2600 Hospital Drive  
Bonifay, FL 32425

- All complaints will be investigated. No personal issue will be raised for filing a complaint with the hospital.
- For further information about this Privacy Notice, please contact:
  - Karla H. Rockwell, BSN, RN
  - Privacy Officer
  - (850)-547-8132
- **This notice is effective as of July 16, 2013. This date must not be earlier than the date on which the notice is printed or published.**

Print Patient Name: \_\_\_\_\_

Patient/Guardian/Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_