



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.

Introduction

Florida Care Medical Center is committed to protecting the privacy of your health information. 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.

Our Pledge Regarding Your Health Information

Florida Care Medical Center understands that medical information about you and your health is personal. We are committed to protecting medical information about you. **Florida Care Medical Center** creates a record of the care and services you receive to provide quality care and to comply with legal requirements.

This notice applies to all the records of your care generated by our practice. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

Uses and Disclosures of Health Information

Florida Care Medical Center use and disclose health information about you for treatment, payment, and healthcare operations. For example:

- Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- Payment: We may use and disclose your health information to obtain payment for services we provide to you.
- Healthcare operations: We may use and disclose your health information in connection with our healthcare operations.



Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

- ❖ Right to inspect and copy
- ❖ Right to amend
- ❖ Right to an accounting of disclosures
- ❖ Right to request restrictions
- ❖ Right to request confidential communication
- ❖ Right to a paper copy of this notice

Changes to this Notice

Florida Care Medical Center reserves the right to change this notice. **Florida Care Medical Center** reserves the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. **Florida Care Medical Center** will post a copy of the current notice in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

Contact Information

If you have any questions about this notice, please contact Anna Paola Castro, COO at acastro@myfloridacaremedicalcenter.com

Effective Date

This notice is effective as of 06/01/2024.



Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices from **Florida Care Medical Center**. I understand that the Notice describes how my health information may be used and disclosed and how I can access this information.

I understand that I have the right to:

- Request restrictions on certain uses and disclosures of my health information.
- Access my health information and request amendments to it.
- Obtain an accounting of disclosures of my health information.
- Request confidential communication of my health information.
- File a complaint if I believe my privacy rights have been violated.

I understand that **Florida Care Medical Center** reserves the right to change its privacy practices and that I will be provided with an updated Notice of Privacy Practices if changes are made.

I acknowledge that I have been given the opportunity to ask questions about the Notice of Privacy Practices, and any questions I had have been answered to my satisfaction.

Patient Information:

- ❖ Name: _____
- ❖ Date of Birth: _____
- ❖ Address: _____
- ❖ Phone Number: _____
- ❖ Signature: _____
- ❖ Date: _____