

## **Emerald Coast Pain Services**

3997 W Commons Drive, Ste M

Destin, FL 32541

(850)424-3769

### **Privacy Notice**

1. 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. This briefly summarizes how we handle your health information.
2. How we may use and disclose your health information. We use health information about you for your treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for several reasons. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any further uses or disclosures.
3. Your rights. In most cases, you have the right to look at or get a copy of your health information that we used to make decisions about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing you have the right to request that we correct the existing information or add the missing information.
4. Our legal duty. We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies any time. Before we make significant change to our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notices at any time. For more information on our privacy policies, contact the person listed below.
5. Privacy complaints. If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

If you have any questions or complaints, please contact: Amy D. Bell

Business Office Manager

**Emerald Coast Pain Services  
3997 Commons Drive  
Suite M  
Destin, FL 32541**

Patient label

### **Privacy Notice Acknowledgement**

I acknowledge that I have received a copy of the Privacy Notice for Emerald Coast Pain Services.

Privacy Notice Revision Date: February 11, 2009

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Relationship to Patient

#### **Above - Patient or Legal Guardian Use Only**

#### **Documentation of Good Faith Effort**

The patient identified above was provided with a copy of the Provider's Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of the Privacy Notice. However, acknowledgement has not been obtained because:

Patient refused to sign the Privacy Notice Acknowledgement.

Patient was unable to sign because:

\_\_\_\_\_

Other reason, describe below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date