



MAETOZO TOTAL WOMAN'S CARE OF ST. AUGUSTINE, LLC

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HIPAA Consent

For use and disclosure of protected health information

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI.) These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as a patient. We balance these needs with our goal of providing you with quality professional service and care.

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide service or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than the office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI, and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, email, US mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the provider.
6. Your confidential information will not be used for the purpose of marketing or advertising of products, goods, or services.
7. We agree to provide patients with access to their records in accordance with state and federal law.
8. We may change, add, delete, or modify any of these provisions to better serve the needs of both the practice and the patient.

9. You have the right to request restrictions in the use of your protected health information and to requests change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

10. You have the right to revoke consent at any time, but that revocation will not be binding unless delivered to the practice in writing. Any revocation of consent will not be effective to the extent that the practice has already taken action based on your consent prior to delivery of your revocation in writing.

I hereby give my consent for the uses and disclosure of my PHI by Maetozo Total Woman’s Care for treatment, payment, or healthcare operations to the full extent set out in the above-mentioned notice.

Signature

Date

Printed Name