

*Summary Notice of Privacy Practices for
Protection of Medical Information*

We are committed to healthcare excellence. That includes safeguarding your privacy by keeping your medical information secure. We request the minimum amount of information needed in order to provide you with quality healthcare and to determine and process payment.

It is important that you understand how we collect, handle, and share (disclose) your medical information and that you are aware of your rights relating to privacy and confidentiality.

The following is a summary of our Notice of Privacy Practices – our promise to protect the privacy, security, and confidentiality of your medical information. You can receive a copy of our complete Notice of Privacy Practices for Protection of Medical Information by contacting the Privacy Officer at 727-868-2151 or by writing to 11528 U.S. 19, Port Richey, FL 34668. You can also view the Notice of Privacy Practices for Protection of Medical Information on www.gcmc1.com and www.diag1.com. This notice applies to all current and former patients.

1. We will safeguard your medical information according to strict standards of privacy, security and confidentiality.
2. We will collect and use the minimal amount of medical information required in order to provide you with superior healthcare.
3. We will not release your medical information for reasons other than treatment, payment, or healthcare operations unless we have received your signed permission.
4. We will, however, release your information in the following circumstances: to a relative, friend, or individual involved in your care, or to assist in disaster relief efforts.
5. We will permit only authorized individuals who are trained in the proper handling of medical information to have access to your medical information. Employees who violate our privacy and security policies will be subject to disciplinary action as described in our H.R. policy.
6. In most instances, we will not release your medical information to outside organizations unless we have received a written authorization from you. You may revoke this authorization at any time.
7. We will always maintain control over the privacy, security and confidentiality of your health information.
8. Whenever we hire other organizations to provide support services, we will require them to follow our privacy standards through the use of a Business Associate Agreement.

9. We will make every effort to keep your records complete, accurate, and up-to-date. As a patient or former patient, you have the right to request a change to your medical information and to request a restriction on who may receive your medical information. We, however, reserve the right to deny your request(s) if it may prove harmful to you, hinders legal proceedings, or impedes treatment, payment, or healthcare operations.
10. We will use reasonable efforts to accommodate your requests for confidential communications regarding your health status, healthcare services, or billing. If you want to be contacted somewhere besides your home to protect your confidentiality, we can provide you with the name of the person or the department where you may obtain a form to use to request such instructions for communications.
11. We will make every reasonable attempt to provide you with access to your medical information upon request. In most cases we will honor your request within thirty (30) days if your records are stored on-site; the maximum amount of time we have to respond is sixty (60) days. You may also receive an electronic copy if we have one available. We may deny your request to access your medical information when that information contains psychotherapy notes or other sensitive information. If we deny your request, you have the right to appeal the decision to the Medical Records Department Manager or a designated representative.
12. We will provide you with a list of certain individuals and/or organizations that we have released your medical information to, upon your request. This request cannot be for a period earlier than April 14, 2003. We will generally honor your request for this accounting within 60 days of your request. Your request will be filled at no cost to you once every twelve (12) months.
13. We will not sell your information for marketing purposes.
14. You have the right to opt out of receiving fundraising communications. However, we may contact you for appointment reminders. We may also provide you with information about health-related or product benefits and services.
15. We are required by law to provide you with the Notice of Privacy Practices for Protection of Medical Information, and to comply with the Notice currently in effect. We reserve the right to change its Notice of Privacy Practices as changes occur in the law. When such changes are made we will highlight those changes for you. We provide a copy of this Notice with every new patient packet. A copy may also be provided by written request or printing from our website www.gcmc1.com.
16. If you believe that your rights with respect to your medical information have been violated, you may file a complaint with the Privacy Officer at 727-868-2151 or in writing at 11528 US 19, Port Richey, FL 34668 or with the Secretary of the Department and Health and Human Services toll free at 1-877-696-6775 or in writing to 200 Independence Avenue, SW Washington, D.C., 20201.