



Davis Spine & Orthopaedics

Spine and Orthopaedic Surgeon
Board Certified and Fellowship Trained

www.DavisSpine.com
2800 Windguard Circle Suite 101
Wesley Chapel, FL 33544

Phone: 813-994-BACK (2225) Fax: 813-438-4494

Privacy Practices Signature

CHARLES W. DAVIS II, M.D.-NOTICE OF PRIVACY PRACTICES EFFECTIVE FEBRUARY 1, 2019

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to make sure that your medical information is kept private and protected; give you this notice describing our privacy practices and legal duties as well as your rights as they relate to your health information; and follow the terms of this notice that are currently in effect.

We reserve the right to change our privacy practices and this notice. We reserve the right to make changes in our privacy practices and this notice for health information we receive in the future. Before making any significant change to our privacy practices a change to this notice will be made. The new notice will be made visible upon request.

To contact us about this notice please use the contact information which is at the end of this notice.

PERMITTED USES & DISCLOSURES

We may use and disclose your health information for treatment, payment and healthcare operations.

Treatment: We may use health information about you to provide you with medical treatment or services. 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. This includes sending your health information to an insurance company, billing company or collection agency.

Healthcare operations: We may use and disclose your health information to carry out healthcare operations. This use and disclosure includes quality assessment and improvement activities, reviewing healthcare professionals competence or qualifications, evaluating the performance of a practitioner or provider, conducting training programs, accreditation, certification, licensing or credentialing.

Required by law: We may use or disclose your health information when we are required to do so by federal or state law.

Individuals involved in your care or payment: Unless you say no, we may release your health information to anyone involved in your medical care or payment, such as a friend, family member, personal representative or any individual you identify.

Marketing and fundraising services: We will not use your health information for marketing or fundraising without your permission.

Your consent: You may give us your consent to use your health information or to disclose it to anyone for any purpose. You may revoke your consent **in writing** at any time. This does not affect our right to use your health information to carry out treatment, payment or healthcare operations. Without your consent we will only use your healthcare information in carrying out the functions described in this notice.

Public health disclosure: We may disclose your health information for public health purposes such as: preventing or controlling disease, injury or disability, reporting vital events, reporting child abuse and neglect, reporting adverse events or surveillance related to food, medications or defects or problems with products, notifying patients or persons who may have been exposed to a disease or are at risk of contacting or spreading a disease, reporting to an employer findings concerning a work-related illness or injury, and notifying the appropriate government agency as authorized or required by law if we believe a patient has been the victim of abuse, neglect or domestic violence.

Law enforcement: We may release your health information if asked to do so by law enforcement and as authorized and required by law.

Appointment reminders: We may use and disclose your health information to provide you with appointment reminders like voicemail messages, email, postcards or letters.

Coroners, medical examiners and funeral directors: We may disclose your health information to a coroner, medical examiner or a funeral director as necessary to carry out their duties.

National security and intelligence activities: We may disclose your health information as authorized or required by law to authorized federal officials for intelligence, counter intelligence and other national security activities.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Access and disclosure: As a patient you have the right to look at and get copies of your health information, with limited exceptions. Your request must be made in writing and delivered to the privacy officer listed below. We may charge you a reasonable fee for copying your records. We may deny your access, under certain circumstances, such as if we believe it may endanger you or someone else.

Right to and accounting disclosures: As a patient you have the right to receive a list of instances in which we or one of our business associates disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities. This right applies to disclosures made after February 14, 2019. You must state the time period for which you want to receive the accounting, which may not be longer than six (6) years. The first request for accounting in a 12-month period will be free. We may charge you a reasonable fee for subsequent requests.

Right to request restrictions: As a patient you have the right to request a restriction on the use and disclosure of your health information. We are not required to agree to those restrictions.

Right to request alternative communication: As a patient you have the right to request that we communicate with you in a certain way or at a certain location. This request must be made in writing. Your request must explain how payments will be handled. We will honor reasonable requests, but if we are unable to contact you using alternative means we will contact you using any information we have.

Right to request amendment: As a patient you have a right to request that we amend or add to your health information. Your request must be **in writing** and explain why the amendment is needed. We may deny your request if the health information was not created by us; is not part of the medical and billing records kept by or for us; is not part of the health information which you would be permitted to inspect and copy; or the health information is determined by us to be accurate and complete.

Right to a paper copy of this notice: As a patient you have a right to a paper copy of this notice. You may ask for a copy at any time.

QUESTIONS AND COMPLAINTS

If you believe that we have violated your privacy rights or have denied one of your rights pursuant to this notice, you may file a written complaint to us. Please send it to our privacy officer at the address below. You may also file a complaint with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint and there will be no retaliation by us.

Privacy Officer: Charles W. Davis, M.D.

Address: 2800 Windguard Circle Suite 101 – Wesley Chapel, FL 33544

Patient Name: _____

I have read and fully understand the notice of "Patient Information Practices" provided to me by Dr. Charles W. Davis.

Patient or authorized person's signature: _____

Relationship to patient: _____ Self _____ Guardian _____ Date signed or refused: _____