



WOMEN'S MOBILE MEDICAL SERVICES, LLC Effective June 09, 2004
NOTICE OF PATIENT PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED UNDER FEDERAL AND FLORIDA LAW AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What type of medical information is covered by this Notice?

Medical information covered by this Notice is information that identifies you or could be used to identify you that is collected from you or created or received by Women's Mobile Medical Services, LLC and that relates to your past, present or future physical condition, including health care services provided to you and payment for such health care services.

If you have any questions about this notice, please contact Women's Mobile Medical Services, LLC's Administrator at (407) 349.2007.

Section A: Who will follow this Notice?

This notice describes Women's Mobile Medical Services, LLC's practices regarding the use and disclosure of your medical information, including use and disclosure by:

- *Any health care professional authorized by you to provide health care
- *All departments of Women's Mobile Medical Services, LLC
- *All employees, staff and other members of the Women's Mobile Medical Services, LLC workforce.

This document will be used for the Women's Mobile Medical Services, LLC locations.

Section B: Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by Women's Mobile Medical Services, LLC, whether made by Women's Mobile Medical Services, LLC personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.



We are required by law to:

- *Use our best efforts to keep medical information that identifies you private;
- *Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- *Follow the terms of the notice that is currently in effect.

Section C: How We May Use and Disclose Medical Information About You.

The following categories describe different ways in which Women's Mobile Medical Services, LLC is permitted to use and disclose medical information.

**Treatment:* We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians or other members of our staff who are involved in taking care of you by communication, facsimile and/or mail.

**Payment:* We may use and disclose medical information about you so that the treatment and services you receive at Women's Mobile Medical Services, LLC may be billed to and payment may be collected from you, an insurance company or a third party.

**Appointment Reminders:* We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or you are due for your follow-up appointment. You may be contacted by mail or by telephone by one of our staff members.

**Individuals Involved in Your Care or Payment for Your Care:* Unless specifically precluded by state or federal law or unless you otherwise object, we may release medical information about you to a friend or family member who is involved in your medical care, and may also give information to someone who helps pay for your care.

**Research:* Under certain circumstances, we may use and disclose medical information about you for research purposes only.

**As Required By Law:* We will disclose medical information about you when required to do so by federal, state or local law.

Section D: Special Situations

**Public Health Risks:* We may disclose medical information about you for public health activities. These activities generally include the following:

- *To prevent or control disease, injury or disability;
- *To report reactions to medications or problems with products;



- *To report recalls of products that may be used;
- *To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- *To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Lawsuits and Disputes:* If you are involved in a lawsuit or a dispute, and your medical condition is at issue in the lawsuit or dispute, we may disclose medical information about you if we are a party to the lawsuit or dispute and in those instances where we are not a party to the lawsuit or dispute, in response to a subpoena, court or administrative order.

Section E: Your Rights Regarding Medical Information About You

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

**Right to Inspect and Copy:* You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain circumstances.

**Right to Amend:* If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Women's Mobile Medical Services, LLC. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or you do not include a reason to support your request.

Section F: Changes to This Notice

We reserve the right to change this notice. We reserve 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. We will post a copy of the current notice at Women's Mobile Medical Services, LLC. The notice will contain the effective date.



Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with the us or with the Secretary of the Department of Health and Human Services, Atlanta Federal Center, Suite EB70, 61 Forsyth Street, SW., Atlanta, GA 30303-8909. All complaints must be submitted in writing to Women's Mobile Medical Services, LLC-Administration, 760 Valley Stream Drive, Geneva, FL 32732. **You will not be penalized for filing a complaint.**

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Print Patient Name: _____

Signature: _____

Date: _____