

NOTICE OF PRIVACY PRACTICES

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.

Our commitment here at **Sunshine Spine and Pain, PA** is to serve our customers with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- During treatment, we may find it necessary to acquire a laboratory analysis.
- During your treatment, a referral to other services may be necessary.
- During health care operations, we may need a second opinion.
- During the payment process, may need to release notes and other laboratory results.
- Release information to Legal authorities or case workers.

We here at Sunshine Spine and Pain, PA, are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual (in writing), as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Compliance Officer Christina Diley at (904)291-4947.

I have read and understand the above Notice of Privacy Practices.

Signed _____ Date _____
(Patient or Legal Guardian)

Print Name _____