

Ormond Family Care

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Board Certified in Family Practice

CONSENT TO TREAT

I hereby consent to have the physician render medical evaluations, treatment, and performance of diagnostic testing and other procedures according to the physician's discretion. No guarantees have been made to me as to the results of the examination. The recording of any conversations with any employee, including the doctors of Ormond Family Care is strictly prohibited. There is no exception.

Signature: _____ Relationship to Patient: _____

Patient/Legal Representative (Print): _____ Date: _____

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

Ormond Family Care

Acknowledgement of Receipt of Privacy Policy

We are required by law to provide you with our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our notices.

I acknowledge receipt of Ormond Family Care Notice of Privacy Practices

I hereby understand and accept the Notice of Privacy Policy of Ormond Family Care and will abide by these policies:

Patient's Signature

Date

Patient's Name (Print)

Introduction

At Ormond Family Care we are committed to providing patient care and using health information responsibly while protecting your rights. This notice of health information practices describes the personal information we collect and how and when

we use or disclose that information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Ormond Family Care a record of your visit is made. Typically, this record contains

your symptoms, examination notes, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of data for our planning and marketing, and
- Tool with which we can access and improve the care we tender and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Ormond Family Care the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.538
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522,
 - Request health information to be disclosed to another medical facility,
 - Revoke your authorization to use or disclose health information except

to the extent that action has already been taken or mandated by law.

Our Responsibilities

Ormond Family Care is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practice change, we will post a revised notice visible in our office.

We will not use or disclose your health information without your authorization, except as described in this notice. We will no longer use or disclose your health information after we have received a written revocation of the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our office at (386) 944-9704

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office for Civil Rights. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Officer for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another personal designated by you for your care.

Communication from offices: We may call your home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO (Treatment, Payment, and Health Operations) such as appointment reminders, insurance items, and any other call pertaining to your medical care. We may mail to your home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements. We may e-mail to your home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements.

Communication with family: Health professional, using their best judgment, may disclose to a family member, other relative, close personal friend or any other that you identify that we may communicate with, health information relevant to that person's involvement in your care or payment of your care.

Open treatment areas: Patient care is sometimes provided in an open treatment area. While special care is taken to maintain patient privacy, some patient information may be overheard by others while receiving treatment.

Should you be uncomfortable with this, please bring this to the attention of our Office Manager.

Marketing: We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, or product and produce defects. We may also disclose post-marketing surveillance information to enable product recalls, repair and replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangered one or more patients workers or the public.

IF YOU HAVE QUESTIONS REGARDING THIS POLICY, PLEASE CONTACT THE OFFICE MANAGER.