

### **Your Rights Regarding Medical Information About You**

In order to exercise your rights listed below, you must submit a request in writing to The Rice Diet of Central Florida. Attn: Medical Records at 205 Loraine Drive, Altamonte Springs, FL 32714

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of your medical information that may be used to make decisions about your care. If you request a copy of the information, we may charge a fee for processing your request. We may deny your request to inspect and copy in certain very limited 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 our office. We may approve or deny your request for an amendment. If we deny your request, you will be provided with a written explanation of our reasons for the denial.
- **Right to an Accounting of Disclosures** - You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment or operations. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.
- **Right to Request Restrictions** - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to approve your request.** If we do approve, we will comply with your request unless, for example, the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice** - You have the right to a paper copy of this Notice. You may ask us to provide a copy of this Notice at any time.

### **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 reasons covered by your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **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 in the office. The Notice will include the effective date on the first page, in the top right-hand corner.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with our office regarding your privacy rights, contact The Rice Diet of Central Florida Medical Records Department at 407-673-3000. **You will not be penalized or retaliated against for filing a complaint.**

