

This notice describes how information you give to this office can be used and given with others. It also describes how you can obtain access to this information. Please read it carefully

## **NOTICE OF PRIVACY PRACTICES of BAY SURGICAL SPECIALISTS, PA**

Bay Surgical Specialists, PA is dedicated to ensuring the privacy of your protected health information (PHI) both morally and legally. Protected health information is any information that identifies you. Bay Surgical Specialists, PA may disclose only information to a third party that is necessary for treatment or to collect payment. A third party used by Bay Surgical Specialists, PA includes your health insurance company, a service your health insurance company uses such as a laboratory or to the primary care physician whose name appears on your health insurance card. Occasionally, a third party includes another physician or healthcare facility that referred you to our practice. In such an event, only the minimum necessary protected health information required to continue your immediate care will be disclosed. Your PHI must be given to a third party in order to conform to the rules and regulations of your health insurance company, to diagnostic facilities such as a laboratory or to collect payment for service rendered. Bay Surgical Specialists, PA is permitted or required to use or disclose PHI without the individuals consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders.

The office of Bay Surgical Specialists, PA will use your protected health information as a means to communicate with you by telephone or mail to discuss with you your health issues (such as calling you with laboratory results) or appointment management (such as reminding you of an upcoming appointment).

Other than previously stated, Bay Surgical Specialists, PA does not release in any way your protected health information without your expressed written authorization. You may at any time revoke all consents and authorizations in writing unless the disclosure has already taken place.

You have the right to choose not to sign the consent. You have the right to choose not to provide personal or health related information. In such cases, Bay Surgical Specialists, PA has the right to refuse to see you as it may contribute to inappropriate treatment and diagnosis or make it difficult for Bay Surgical Specialists, PA to receive payment for services rendered.

You have the right to examine your health records, to obtain a copy of your health records with a signed Release of Medical Records Authorization, and to request in writing, corrections to your health records. The written request must include the reason to support your request.

Bay Surgical Specialists, PA may at any time, revise this Notice of Privacy Practices. In the event of any revisions, a notice will be posted in the waiting room. You may contact Bay Surgical Specialists, PA to request a copy of the changed notice be mailed to you or you may request a copy of the revised notice at your next visit.

If you feel your Rights of Privacy have been compromised you have the right to file a written complaint stating how your rights have been violated. It is to be sent to Bay Surgical Specialists, PA Attn: HIPAA Compliance Officer at 960 7<sup>th</sup> Avenue North, St. Petersburg, FL 33705. Bay Surgical Specialists, PA may not retaliate as a result of the complaint. If you need further information regarding the Privacy Notice please call our office to speak with the HIPAA Compliance Officer at 727-821-8101.

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