

# We love our patients

We are an innovative cardiology practice located in Port Charlotte, Florida. At PRCVC we strive to offer our patients convenient, high-quality care. One of the ways we do this is by offering our patients online health services through our website.

These services include online appointment scheduling, access to medical records, medication renewals, and more. If you are currently a patient with our clinic and interested in signing up for these services, simply click on the Register link located on the website and follow the instructions to sign-up.

## NOTICE OF PRIVACY PRACTICES

#### **Peace River Cardiovascular Center**

4161 Tamiami Trl., Suite 701 Port Charlotte, FL 33952 PH: 941-629-5356 FX: 941-629-4987



This Notice is Effective as of March 21st, 2018

#### To Our Patients

THE FOLLOWING DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Our practice is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information.

This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted by law. It also describes your rights to access and control your protected health information.

## HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for services rendered, or in order to support the business activities of the practice. We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

- Appointment Reminders
- Treatment Information Disclosure to Department of Health and Human Services
- Health Oversight Activities
- Abuse or Neglect
- Legal Proceedings
- Law Enforcement
- Coroners, Medical Examiners and Funeral Directors
- Organ Donation
- Public Safety
- Workers' Compensation
- Business Associates
- Authorizations

## Your Rights Regarding Your Medical Information

You have the following rights with respect to your medical information:

You may ask us to restrict certain uses and disclosures of your medical information. We may not always be able to agree to it, but if we do, we will honor it.

You have the right to receive communications from us in a confidential manner.

You may ask us to amend your medical information, though we may deny your request for specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information.

You have the right to receive an accounting of the disclosures of your medical information made by our practice during the last six years, except for treatment disclosures, payment or healthcare operations.

You have the right to complain to us and/or the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To file a formal complaint directly with us or if you would like further information regarding your rights or regarding the uses and disclosures of your medical information, please contact our CEO and Privacy Officer at the address and phone number found on this brochure.

#### Thank you

### Contact Us

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