

Dear Patient: New Federal Government Regulations require that this form be signed by all patients seeking treatment. Your rights to privacy are not changed in any way by signing this form, if anything, it helps guarantee that your rights are protected.

NOTICE OF PRIVACY PRACTICES-Effective 11/26/02

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. Your protected health information will be used in the following instances for the purposes of treatment, payment or health care operations. It may be necessary to contact certain individuals regarding you for the purposes described below:

- *Talking with your insurance carrier for payment, benefits and medical review.
- *Talking with your primary care physician, other treating physician or physical therapist.
- *Obtaining information from hospitals and labs directly relating to your treatment.
- *For use among medical office staff to determine treatment and payment.
- *Disclosing your information to laboratories for the purpose of ordering blood tests.
- *Obtaining medical records from your doctor for the purpose of your treatment.
- *Providing appointment reminders.
- *Describing or recommending treatment alternatives.
- *Discussing your payment options with the individual financially responsible for Your treatment.

Amelia Island Orthopaedics will not use or disclose your protected health information for any other purpose without obtaining an authorization from you. You may revoke your authorization or disclosure at any time. In addition, you have the right to:

- *Request restrictions on certain uses and disclosures, however we are not required To agree to these restrictions.
- *Receive confidential communications of your protected health information.
- *Inspect and copy your protected health information.
- *Amend your protected health information.
- *Obtain an accounting of disclosure of your protected health information.

Amelia Island Orthopaedics is legally obligated to:

- *Maintain the privacy of your protected health information.
- *Provide the Notice of Privacy Practices.
- *Abide by the terms of this notice.

Amelia Island Orthopaedics reserves the right to change its privacy practices and apply revised privacy practices to protected health information. If Amelia Island Orthopaedics makes changes to privacy practices, we will provide you with the revised notice.

SIGNATURE

DATE