



9366 Balm Riverview Rd. Riverview, Fl. 33569  
Office (813) 672-3200 Fax (813) 672-3202

## Patient Rights

THIS DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION AS WELL AS THE INFORMATION WE MAINTAIN ABOUT YOU .

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the following rights regarding the medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of those items or documents within your health record, as described in the section on page 1 entitled "*Understanding Your Health Record/Information.*" Note, however, that psychotherapy notes are excluded and are not available for your inspection or copying.
- To inspect and receive a copy of your medical information, you must submit your request in writing, using our "Authorization for Release of Medical Information" form. This form may be obtained from the Health Information Services Department of *verMED Health Group - Riverview* or from the records custodian at each of our other health care delivery sites. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by each of our health care delivery sites will review your request and the denial. We will comply with the outcome of the review.
- **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 each of our health care delivery sites.
- To request an amendment, your request must be made in writing on a "Request for Amendment" form. This form may be obtained from and submitted to the Health Information Services Department of *verMED Health Group - Riverview* or the records custodian at our other health care delivery sites. In addition, you must provide a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Is accurate and complete;
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for each of our health care delivery sites; or
  - Is not part of the information that you would be permitted to inspect and copy.
- **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.
- To request an accounting of disclosures, you must submit your request in writing to the Health Information Services Department of *verMED Health Group - Riverview* or to the records custodian at our other health care delivery sites. Your request must state a time period that may not be longer than six years and may not include dates before **April 14, 2003**. Your request should indicate in what format you want the list (for example, on paper, electronically). 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. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **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

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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. For example, you could ask that we not use or disclose information about a surgery you had.

- *We are not required to agree to your request; however, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.*
- To request restrictions, you must submit your request in writing to our Privacy Officer, whose address is listed below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- Right to Receive 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.
- To request confidential communications, you must submit your request in writing to our Privacy Officer, whose address is listed below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must 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 give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.