

**NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH  
INFORMATION**

**CENTRAL FLORIDA PRIMARY CARE  
ASSOCIATES  
DBA: DOCTOR'S WEIGHT CONTROL**

**PLEASE REVIEW THIS INFORMATION  
CAREFULLY AS IT DESCRIBES HOW  
YOUR MEDICAL INFORMATION MAY  
BE USED AND HOW TO GET ACCESS  
TO THIS INFORMATION.**

We at DOCTOR'S WEIGHT CONTROL are committed to the protection of your medical health information. The law requires us to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy policies with respect to protected health information. We are required by law to abide by the terms of this Notice however, we reserve the right to change the terms of this Notice, making any revisions we believe applicable to our policies related to protection of health information we maintain. In the event that DOCTOR'S WEIGHT CONTROL revises the terms of this Notice, the amended notice will be posted within the office, including at our registration site, and on our web site. Copies of the amended Notice of Privacy Practices for Protected Health Information will be available upon request.

**ENTITIES COVERED BY THIS NOTICE:**

DOCTOR'S WEIGHT CONTROL, currently includes one office located in Clermont, FL and one physician that is owner of the facility. It includes contracted therapists that work within the facility, all members of Central Florida Primary Care Associated, Inc. and employees of, are held to the terms of this notice.

**HOW DOCTOR'S WEIGHT CONTROL WILL  
USE AND DISCLOSE YOUR MEDICAL  
INFORMATION:**

We understand that information we obtain about you and your health is personal. However, we will need to use and disclose information about you and your health in order to service you and meet your health needs. The following explains ways we will use and disclose your health-related information. Not every specific use or disclosure can be listed. However, all the ways we are permitted to use and disclose information will fall into these types of situations and categories.

Many of the ways DOCTOR'S WEIGHT CONTROL will disclose your information fall under the categories of treatment, payment, and operations. For example, the health care professionals treating you will use your health information as part of the delivery of your medical care; the business office will use your health information to process your payment for the services rendered; and administrative personnel will use your health information as they review the quality and appropriateness of the care you receive.

Your health information may also be used and/or disclosed by DOCTOR'S WEIGHT CONTROL: To provide appointment reminders or changes. To inform you of other health-related benefits and services that may interest you:

- To follow up your visit by sending to your listed address a survey about your satisfaction with our service to you.

Your health information may also be used and/or disclosed by DOCTOR'S WEIGHT CONTROL in accordance with federal, state and local laws for the following purposes: To provide information when required by the United States Department of Health and Human Services as part of an investigation or determination of the facilities compliance with relevant laws: To a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts,

- To Public Health Agencies to report disease, injury, vital events and to conduct public health surveillance, investigation and/or intervention,
- To a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure and/or accreditation or disciplinary actions, administrative and/or legal proceedings,
- To prevent or lessen a serious threat to the health or safety of another person or the public as authorized by laws relating to workers' compensation or similar programs,
- To a coroner, medical examiner or a funeral director,
- To an organ donations and procurement organization if you are an organ donor
- To use for certain research purposes,
- To use in the course of certain judicial or administrative proceedings,
- To law enforcement agencies or other specialized governmental functions,
- To worker's compensation or similar programs
- To the correctional institution or law enforcement official who provides you with health care, to protect your or others' health and safety, or for the safety and security of the correctional institution, if you are an inmate of a correctional institution.

## **Unless you Object**

### **DOCTOR'S WEIGHT CONTROL:**

- May disclose to family members, other relatives or close personal friends the medical information directly relevant to such person's involvement with your care,
- May use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.
- You may receive unsolicited materials promoting programs, or services of DOCTOR'S WEIGHT CONTROL because your name appears on publicly available lists, or because you have subscribed to a membership program with us.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

With respect to your medical information you have the right to:

Request restrictions on certain uses and disclosures of your medical information. DOCTOR'S WEIGHT CONTROL is not required to agree to your request,

- Receive communication from DOCTOR'S WEIGHT CONTROL in a confidential manner,
- Inspect and request a copy of your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee to have copies of your medical record made,,

- Request a change or amendment of your medical information. DOCTOR'S WEIGHT CONTROL may deny your request for certain specific reasons, and, if denied DOCTOR'S WEIGHT CONTROL will provide you with a written explanation for the denial,
- Receive an accounting of the disclosures of your medical information made by DOCTOR'S WEIGHT CONTROL in year prior to your request starting the effective date of this notice, except for disclosures for treatment, payment or office operational purposes, and for certain other specific disclosure types,
- Request that we communicate with you in a specific manner or at a certain location such as work or only by mail,
- Receive a paper copy of this notice from DOCTOR'S WEIGHT CONTROL or one of its entities upon written request.

Register a complaint with DOCTOR'S WEIGHT CONTROL and/or to the United States Department of Health and Human Services if you believe that DOCTOR'S WEIGHT CONTROL has violated your privacy rights. To register a complaint to DOCTOR'S WEIGHT CONTROL please contact the Privacy Officer at (352) 243-5673.

To file a written complaint with the health department, you may bring your complaint to the department or you may mail it to the following address:

Lake County Health Department  
560 W. Desoto St.  
Clermont, FL 34711

**To file a complaint with the federal government, you may send your complaint to the following address:**

**Region IV  
Roosevelt Freeman, Regional Manager  
Office for Civil rights  
U.S. Department of Health and Human  
Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909**

- **There will be no retaliation in any form should you chose to register a complaint.**

**THIS NOTICE IS**

**EFFECTIVE AS OF**

**APRIL 14, 2003**