



NOTICE OF PRIVACY PRACTICES

**FOR PROTECTED HEALTH INFORMATION LITE WEIGHT, INC.
MANUEL C. MARTINEZ, M.D., P.A.**

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

We 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 we revise the terms of this Notice, the amended notice will be posted within the office. Copies of the amended Notice of Privacy Practices for Protected Health Information will be available upon request.

ENTITIES COVERED BY THIS NOTICE:

LITE WEIGHT, INC., MANUEL C. MARTINEZ, M.D., P.A., MANUEL C. MARTINEZ, M.D., including contracted personnel that work within the facility, and all employees, are held to the terms of this notice.

HOW WE 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 we 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 our facility: 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 us 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:

- We may disclose to family members, other relatives or close personal friends the medical information directly relevant to such person's involvement with your care.
- We 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 our office 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. We are not required to agree to your request.
- Receive communication from our office 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. We may deny your request for certain specific reasons, and, if denied. We will provide you with a written explanation for the denial.
- Receive an accounting of the disclosures of your medical information 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 upon written request.

If you have any questions about this notice or if you think that we have violated your privacy rights, please contact us. You may also submit a written complaint to the US Department of Health and Human Services. You may contact us to submit a complaint or submit a request involving any of your rights included in this notice by writing to the following address:

**Lite Weight, Inc.
Manuel C. Martinez, M.D.
10031 SW 40th St
Miami, FL 33165
(305) 225-7546**

We will provide you with the address to file your complaint with the US Department of Health and Human Services. We will not retaliate if you choose to file a complaint.

**THIS NOTICE IS EFFECTIVE AS OF
APRIL 25th 2003**

ACKNOWLEDGEMENT

I certify that I have received the LITE WEIGHT, INC., MANUEL C. MARTINEZ, MD, PA, Notice of Privacy Practice for Protected Health Information (HIPPA) as is required by law to begin by 4/25/03. I understand that it is my responsibility to read through the given information, make any requests, and provide documentation that may protect my confidentiality within this practice.

Please read the following information and make any requests at this time. If no request or correction is made, the procedure will remain as written.

1.- LITE WEIGHT, INC., MANUEL C. MARTINEZ, MD, PA reserves the right to call the given home/work/cell phone number to confirm scheduled appointments the day prior to scheduled appointment: _____

2.- If upon calling, we receive a voice mail message, we will say that we are calling to confirm an appointment with Lite Weight/Dr. Martinez with the scheduled time.

Name (Print): _____ Date of Birth: _____

Signature: _____ Date: _____