

STEPHEN W. DUNCAN, M.D.

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YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the doctors' office. The information in it, however, belongs to the patient. The patient has a right to:

- ❖ Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any reasonable request.
- ❖ Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at our office.
- ❖ Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request.
- ❖ Appeal a denial of access to your protected health information except in certain circumstances.
- ❖ Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. The physician is not required to make such amendments.
- ❖ File a statement of disagreement if your amendment is denied and required that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- ❖ Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide you upon request.
- ❖ Revoke authorization that you made previously to use or disclose information except to the extent that information or action has already been taken by delivering a written revocation to our office.
- ❖ All patients regardless of age have a right to privacy with their health care information in regards to the pregnancy and birth control.

If you want to exercise any of the above rights, please contact the privacy officer at this office.

This notice of privacy rights is in effect as of April 14, 2003

Patient Signature: _____ Date: _____