



NOTICE OF HEALTH INFORMATION PRACTICES

Purpose

This Joint Notice of Privacy Practices ("Notice") presents the information that Federal Law requires us to give our patients regarding our patients regarding our privacy practices. We must provide this notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003. We must make a good faith attempt to obtain written acknowledgment of receipt of the Notice from the patient. We must also have the notice available at the office for patients to request to take with them. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. Dr. Ahmed Rezk is required to provide you with this Notice pursuant to the privacy regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPPA) (PRIVACY RULES).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Obligations

We are required by law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal obligations and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect April 14, 2003, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the terms of our notice effective for all health information that we maintain, including health information that we create or received before we made the changes. Before we make a significant change in our privacy practice, we will change the notice and make the new notice available to you when you first receive services from us after the date the revised notice becomes effective or upon request.

Uses and Disclosures of Health Information

We use and disclose health information about you for our treatment, payment and health care operations. For example: Treatment: We will use or disclose your health information to a physician or other health care provider providing treatment for you. Health care operations: We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner performances, conducting training programs, accreditation, certification, licensing or credentialing activities. For example, we may use or disclose your health information in order to conduct an internal assessment of the quality of care we provide.

Persons involved in care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, to the extent necessary to help with your health care or with payment of your health care. We may also advise these persons of your location, your general condition or death. If you are present, prior to use or disclosure of your health information, we will provide you with an opportunity

Please continue on next page.

NOTICE OF HEALTH INFORMATION PRACTICES continued

to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, X-rays or other similar forms of health information.

Disclosures permitted or required by law: We are permitted and in some cases required, by law to make certain other disclosures of health information, if appropriate, to the following entities under the following circumstances:

1. To the public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, abuse or other public health issues;
2. To health oversight agencies such as government auditors and other agencies when required;
3. To any individual when health information is ordered by a court or other legal process to do so;
4. To law enforcement officials when necessary for law enforcement purposes and required by law;
5. To a coroner or medical examiner when necessary to enable them to make suitability determination;
6. To organ procurement organizations, to enable them to make suitable determination;
7. In cases of emergency; or
8. To researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy.

Appointment reminders: We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, post cards or letters) or information about treatment

Marketing health related services: We will not use your health information for marketing communications without your written authorization.

Your Authorization

Other uses and disclosures of your health information will be made if you give us written authorization to do so.

If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

Patient Rights: You have certain rights regarding your health information. These rights include:

1. The right to obtain a paper copy of this notice;
2. The right to inspect and copy of your health information (copies are available for a reasonable fee);
3. The right to request amendments to your health information if you believe to be inaccurate;
4. The right to request restrictions on our permitted uses and disclosures of your information (although we are not legally obligated to honor this request); and
5. The right to request that communications regarding your information be sent by alternative means or at alternate locations.

Questions of Complaints

If you would like more information about our privacy practices or have any questions or concerns, please contact us.

Contact Officer: Beth Hamilton
Address: 2905 Highway 77, Panama City, FL 32405
Phone: (850) 257-5524

Parent or Legal Guardian's Signature

Date