Effective: April 2009

Notice of Patient Privacy Health Insurance Portability and Accountability Act (HIPAA)

Tavernier Wellness Center, Inc. is dedicated in preserving your personal health information. We are required by law to protect your personal medical information and to provide you with a notice describing how your medical information may be used and disclosed and how you can access this information.

Required by law: We must have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment. We may be required by law to use and disclose your medical information for other purposes without your consent or authorization. You are provided the right to request and receive a copy of your medical information that we maintain, amending, correcting that information, obtaining an accounting or of disclosures of your medical information, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed NOTICE OF PRIVACY PRACTICES which fully explains your rights ad our obligations under the law. We may revise our NOTICE from time to time. The Effective date at the top right hand side of the page indicates the date of the most current NOTICE in effect.

You have the right to receive a copy of our most current NOTICE in effect. If you have not received a copy of our current NOTICE, please ask at the front desk and we will provide you with a copy.

If you have any questions or concerns about the NOTICE or your medical information, please contact Tavernier Wellness Center, Inc. at (305) 394-0668 You may also send a written complain to the US Department of Health and Human Services.

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Patient Name		Date
Printed Name		