

# **ADVANCED GASTROENTEROLOGY OF SOUTH FLORIDA, PA**

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## **NOTICE OF PRIVACY PRACTICE –SHORT FORM**

Our Practice is committed to educating our patients about healthcare issues that affect them. As a result, we are providing you with general information about the Privacy Rule, a federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with a brief overview of our Notice of Privacy. Our practice is complying with HIPAA's regulations.

### **What is HIPAA and how does the Privacy Rule affect you?**

The Health Insurance Portability Act (HIPAA) of August of 1996 gave the federal government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient and we are required by law to be compliant with this regulation. Under the Privacy Rule, you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following our practice's policy. We are dedicated to maintain the privacy of your personal information.

### **What is Individually Identifiable Health Information (IIHI)?**

IIHI is any information that is created and retained by our practice or received by another healthcare provider that relates to treatment, payment and/or that identifies you as an individual.

### **What is the Notice of Privacy Practice?**

Our practice has an official Notice of Practice posted in our waiting room and you can ask for a copy of the current notice at any time. This notice applies to all records created or retained by our practice. We can update our Notice of Practices at any time.

### **The following categories describe the different ways in which we may use and disclose your IIHI.**

\* Treatment \* Appointment Reminders \* Payment \* Treatment Options \* Release Information to Family/Friends \* Health Care Operations \* Disclosure Required by Law \* Health Related Benefits and Services

### **The following categories describe unique situations in which we may use or disclose your IIHI.**

\* Public Health Risks \* Health Oversight Activities \* Lawsuits and similar proceedings \* Deceased Patients \* Military \* Organ and Tissue Donation \* Research \* Law Enforcement \* National Security Inmates \* Workers Compensation \* Serious Threats to Health or Safety

### **What are your rights concerning your IIHI?**

- |                                         |                                                                      |                              |
|-----------------------------------------|----------------------------------------------------------------------|------------------------------|
| 1. Confidential Communication           | 4. Requesting Restrictions                                           | 6. Inspections and Copies    |
| 2. Amendment                            | 5. Accounting of Disclosures                                         | 7. Right to file a Complaint |
| 3. Right to a Paper Copy of this Notice | 8. Right to provide an Authorization for Other Uses and Disclosures. |                              |

Please contact our office if you have any questions regarding this notice.

I have read the short form notice provided by **Advanced Gastroenterology of South Florida, PA** and have been informed of how to obtain more information regarding the Notice of Privacy.

**Patient Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_