

**LIVE WELL MEDICAL CENTERS ORLANDO, LLC
7051 DR. PHILLIPS BLVD. SUITE 3
ORLANDO, FL 32819**

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

USES AND DISCLOSURES OF HEALTH INFORMATION

We seek your consent to use healthcare information about you for treatment, to obtain payment for treatment, for administrative purposes, and/or other healthcare operations. You can withdraw your consent at any time in writing.

We may use or disclose identifiable healthcare information about you without your authorization for several reasons. Subject to certain requirements, we may give out healthcare information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable healthcare information about you. If you choose to sign an authorization to disclose information, you can later withdraw the authorization in writing and stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed at the end of this notice.

INDIVIDUAL RIGHTS

In most cases, you have the right to look at or get a copy of healthcare information about you that we use to make decisions about you. If you request copies, we will charge you \$1.00 per page. You also have the right to receive a list of instances where we have disclosed healthcare information about you for reasons other than treatment, payment for treatment, administrative purposes, and/or other healthcare operations. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

COMPLAINTS

If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact the person listed at the end of this notice. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed at the end of this notice can provide you with the appropriate address upon request.

OUR LEGAL DUTY

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:
The HIPAA Officer, Michelle Carter
1996 Kingsley Avenue, Orange Park, FL 32073
Phone: (904) 621-8043
Email: mcarter@pointemed.com

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date