



---

## OPTIMAL HEALTH MD NOTICE OF PRIVACY PRACTICES

---

**NOTICE OF HIPAA PRIVACY PRACTICES  
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THE INFORMATION.**

*Please review it carefully.*

---

### OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

**Optimal Health MD** understands that information about you and your health is personal. We are committed to protecting your health information. We will create a personal record of the care and services you receive at Optimal Health MD.

We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

#### WE ARE REQUIRED BY LAW TO:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.

#### WHO WILL FOLLOW THIS NOTICE

The notice describes the practices of Optimal Health MD and that of any health care professional authorized to enter information into your medical record, including medical staff, all departments and units of Optimal Health MD, all employees, staff, volunteers, and other personnel.

Optimal Health MD | [www.optimalhealthmd.com](http://www.optimalhealthmd.com)

## **USE AND DISCLOSURE OF YOUR HEALTH INFORMATION:**

**Treatment** - Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment** - Your health information may be used as necessary to support the day-to-day activities and management of Optimal Health MD. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law Enforcement** -Your health information may be disclosed to law enforcement agencies without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting** - Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain conditions, reactions or communicable disease to the State's Public Health Department:

- To prevent or control disease, injury or disability.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Special Situations - Military and Veterans**

If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Blood Testing - While you are undergoing exams, a health care worker may accidentally be exposed to blood or other body fluids. If this occurs, your blood will be tested for the presence of certain diseases (for example, HIV, Hepatitis viruses). This is necessary to help protect the health care worker. The results of these tests will be a part of your medical record and will not be released except with your prior consent or as required by law.

## **OTHER USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information, you may submit a written revocation. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notified us of your decision.

## **OUR DUTIES**

Optimal Health MD is required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices. We are required to abide by the privacy policies and practices that are outlined in this notice.

## **YOUR INDIVIDUAL RIGHTS**

You have certain rights under the Federal privacy standards.

These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Optimal Health MD | [www.optimalhealthmd.com](http://www.optimalhealthmd.com)

## **ADDITIONAL USES OF INFORMATION**

Appointment reminders – Your health information will be used by our staff for appointment reminders.

Information About Treatments – Your health information may be used to send you information on any recommended procedures or treatments relevant to the management of your medical condition.

We may also send you information describing other health-related goods and services that we believe may be of interest to you.

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you, as well as any information we receive in the future.

Privacy notices will contain the effective date on the last page of any acknowledgement you submit. We will post a copy of the current Notice of Privacy Practices at 1707 East Hallandale Beach Blvd, Hallandale Beach FL 33009.

## **How To Contact Us**

If you have any questions regarding the Notice of Privacy Practices or this form, please contact our HIPAA Privacy Officer via email at:

privacy@optimalhealthmd.com, or by phone at (888) 673-1777.

### **Optimal Health MD, LLC**

1707 East Hallandale Beach Blvd

Hallandale Beach, FL 33009

Phone: 888-673-1777

Email: [privacy@optimalhealthmd.com](mailto:privacy@optimalhealthmd.com)

## **Consent for Use & Disclosure of Health Information**

Purpose of Consent: By submitting your information to Optimal Health MD either in written form or online, and/or by signing the acknowledgement of receipt form, you consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations including the use of such information in e-mail communications.

Optimal Health MD | [www.optimalhealthmd.com](http://www.optimalhealthmd.com)



**Optimal Health MD Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices and our E-MAIL POLICY before you decide whether to sign and acknowledge consent.

Our notice provides a description of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information.

Our E-MAIL POLICY describes how we communicate via email including the use of your protected health information in such communications. We encourage you to read them carefully and completely before signing this consent and acknowledgment. You may read these policies posted in our clinic at or request a copy of these policies at our front desk.

**NOTICE OF E-MAIL POLICY: By submitting your information to Optimal Health MD online, you consent to our receipt and transmission of e-mail messages with you, including messages that may contain your protected health information.**

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices and/or our E-mail policies as described in our EMAIL POLICY above.

If we change our practices, we will issue a revised Notice of Privacy Practices or a revised E-MAIL POLICY which will contain the changes, as applicable. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice and/or a copy of our E-MAIL POLICY, at any time by contacting us by E-mail at [privacy@optimalhealthmd.com](mailto:privacy@optimalhealthmd.com) or calling (888) 673-1777.

**Right to Revoke:** You will have the right to revoke your consent at any time by giving us written notice of your revocation. Please understand that revocation of this consent will not affect any action we took in reliance upon this consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this consent.



**OPTIMAL HEALTH MD RECEIPT OF PRIVACY PRACTICES NOTICE**

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF HIPAA PRIVACY PRACTICES**

I, \_\_\_\_\_ acknowledge and agree that I have received a copy of Optimal Health MD, LLC. Notice of Privacy Practices on the date identified below. The document received reflects an effective date of June 1, 2012.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Patient Legal Representative (if applicable) Date

\_\_\_\_\_  
Print Name of Legal Representative Relationship to patient

**INSTRUCTIONS FOR PATIENTS**

Please fill in your name on the first line and then sign below where indicated. If you downloaded this document online, please print, fill out and sign. Return document via facsimile to 954-458-4547.

Your cooperation is appreciated.

If you have any questions regarding the Notice of Privacy Practices or this acknowledgement consent form, please contact our HIPAA Privacy Officer, via email at: [privacy@optimalhealthmd.com](mailto:privacy@optimalhealthmd.com), or by phone at **(888) 673-1777**.

Notice of Privacy Practices Effective Date: June 1, 2012