

Notice of Information Practices and Privacy Statement



T.J. Reardon, MD LLC

600 North Azalea Dr. Unit 104

Surfside Beach, SC 29575

120 Orange St.

Georgetown, SC 29440

How We Collect Information About You: T.J. Reardon, MD LLC and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between T.J. Reardon, MD LLC and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance,

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page www.tjreardonmd.com that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture that you visited a diabetes website simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of T.J. Reardon, MD LLC. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Revision Date: 12/21/2015



T.J. Reardon, MD LLC

600 N. Azalea Dr. Unit 104

Surfside Beach, SC 29575

(843) 360-2776

1743 N. Fraser St.

Georgetown, SC 29440

Patient Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate _____ Social Security number: _____ Age: _____

Sex: **F M** Marital Status: **S M D W** Children: _____

Email _____ How do you prefer to be address? _____

Spouse's Name: _____ How did you hear about our practice? _____

Name of Person Responsible for Bill: _____ Relationship to Patient: _____

Address of Person Responsible for Bill: _____ Phone No.: _____

Patient's Employer: _____ Phone No.: _____ Occupation: _____

Spouse's Employer: _____ Phone No.: _____ Occupation: _____

EMERGENCY INFORMATION

In case of emergency, local friend or relative to be notified (not living at same address)

Name: _____ Relationship to Patient: _____

Address: _____ Phone No.: _____

I hereby authorize the health care professionals in this clinic to diagnose and treat my condition. I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I agree that I am responsible for all bills incurred at this clinic. I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I also authorize the health care professionals to discuss my care with other health care providers who I am currently treating with.

Patient's Signature

Date

Parent or Guardian Signature

Date

Revision Date: 12/21/2015



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Georgetown, SC

29440

**ACKNOWLEDGEMENT OF RECEIPT OF THE
NOTICE OF PRIVACY PRACTICES OF
T.J. REARDON, MD LLC**

I acknowledge that I have received or been offered the Notice of Privacy Practices of T.J. Reardon, MD LLC. I understand that the Notice describes the uses and disclosures of my protected health information by the Covered Entities and informs me of my rights with respect to my protected health information.

Name of Patient

Patient Date of Birth

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date

If Personal Representative, indicate relationship:

Declinations:

____ The Individual declined to accept a copy of the Notice of Privacy Practices.

____ The Individual received a copy of the Notice of Privacy Practices but declined to sign an Acknowledgement of Receipt.

Signature of T.J. Reardon, MC LLC Representative

