

Payero Family Medicine
2507 Harrison Avenue, Suite 101. Panama City, FL 32405
T: 850-710-1999 F: 850-772-0838

PRIVACY NOTICE

We may use or disclose your Protected Health Information to provide medical treatment and/or services in order to manage and coordinate your medical care. Your Protected Health Information will be released to your insurance provider for the purpose of the office receiving payment for providing you with needed healthcare services.

We will use or disclose your Protected Health Information when required to do so by local, state, federal law in the case that you are a victim of abuse, a crime or domestic violence. Your Protected Health Information will be disclosed to the appropriate government agency if there is belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees or it is required by law to do so. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat.

Your Protected Health Information may be disclosed and may be required by law to be disclosed in the event of a communicable disease or to report a defective device or on the event of exposure to a biological agent. If you are or become an inmate or under the custody of the law, we may disclose Protected Health Information to the correctional facility if the disclosure is necessary for your institutional health care, to protect your health and safety, or to protect the health and safety of others within the correctional facility. If you are in the military or involved in national security or intelligence, we may disclose your Protected Health Information to authorized officials.

We may disclose your protected health information to our business associates who provide us with services necessary to operate and function as a medical practice. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your protected health information.

You have the right to request a copy of your medical record for yourself or to be sent to another individual or organization when your Protected Health Information is maintained in an electronic format. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.

At any time if you believe the Protected Health Information we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.

Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request we provide it in paper form. You may make such a request at any time. For further information about this privacy notice, please contact: Elfy Payero-Gonzalez, MD Tel: 850-710-1999

PATIENT SIGNATURE

DATE

Effective Date: 05/01/2025