

# 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.**

## YOUR RIGHTS

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

# 1

## YOUR CHOICES

- To tell family and friends about your condition
- Whether your information is shared in disaster relief situations
- If your information is included in a directory or other internal display
- If your information is shared for the provision of certain mental health services
- For your information to be used for marketing purposes
- For your information to be used for fundraising

# 2

## OUR USES & DISCLOSURES

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement & other government requests
- Respond to lawsuits and legal actions

# 3

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