FLORIDA MASTER CARDIOLOGY Dr. Michael A. Nocero, Jr. MD, MACC PA

Summary of Privacy Practices

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

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you and the services and/or items we provide to you as our patient. By law, we are required to make sure that your protected health information be kept private.

will we use or disclose your information? Here are a few examples.

- For medical treatment
- To obtain payment for our services
- In emergency situations
- To avert a serious threat to health or safety
- For worker's compensation programs
- In response to certain requests arising out of lawsuits or other disputes

You have certain rights regarding the information we maintain about you. These rights include:

- The right to inspect and copy
- The right to an accounting of disclosures
- The right to request restrictions
- The right to request confidential communications
- The right to designate/authorize information to go to another person on your behalf

I agree and consent to the Practice releasing information to me in the following alternative manners:

_____ Via regular mail **_____ Via telephone (Name, SSN, other identifiers)**

I have read and understand the information in this consent. I, the patient or authorized party to act on behalf of the patient, sign this document verifying consent to the above terms

Date: _____ **Time:_____AM/PM**

_____

Signature of Patient or Authorized Representative

Name of Authorized Medical Designee:_____ Phone_____