

MEMORY CARE SPECIALISTS

Karen Leggett D.O. ~ Geriatric Medicine ~ 3231 Gulf Gate Dr Suites 203 A&B ~ Sarasota FL~ 34231

HIPAA Policies and Procedures / Assignment of Benefits

Notice of Privacy Practices:

In 1996, the Federal Government established uniform privacy and security standards to protect patients' medical information. The standard is known as the Health Insurance Portability and Accountability Act (HIPAA).

The purpose of this notice is to ensure that you (the healthcare recipient) or your designated representatives are aware of your rights to ensure the privacy of your healthcare information. Leggett Medical Group retains the right to update this notice at anytime. To obtain the most recent notice, please submit a request in writing to David Leggett at the above address.

1. Privacy of the Patient Information:

We have created a record of the services and treatment that you receive from Dr. Karen Leggett and/or other providers for Leggett Medical Group. The privacy of your medical information is important to us and we are committed to protect it. We are required by law to keep your medical information private and notify you of your legal rights and privacy practices.

2. Uses and Disclosure of Patient Information:

Your medical information will be used for treatment, payment, and operations to maintain the highest quality of care possible. HIPAA allows disclosure of this information to your designated/authorized next of kin, licensed healthcare providers involved in your care, and other healthcare entities including insurance companies, billing services, Electronic Health Records (EHR) partners, state and federal regulation agencies, as well as law enforcement agencies in the interest of public safety. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. Any other uses and disclosures of your personal health information will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

3. Your rights regarding Medical Information About You:

You have the right to inspect and copy your personal health information kept on file with Leggett Medical Group. You have the right to amend information we have about you that is incorrect or incomplete. You have a right to request restrictions on the medical information we use or disclose about you for treatment and payment. You have a right to an accounting of disclosures we made of medical information about you. All of the above request may be submitted in writing to David Leggett at the address listed above.

4. Patient's Access to Medical Information

You have the right to see and obtain a copy of your medical records at any time. You may request changes in your health information and request the reason for any disclosure (not including treatment, payment, and healthcare procedures). If Leggett Medical Group does not agree with your changes, you must be allowed to insert a statement of disagreement into the record. Leggett Medical Group is not required to agree to your requested restrictions. However, if we agree, the restriction is binding.

(KEEP THIS PAGE FOR YOUR RECORDS.)

5. Confidentiality of Patient Information

Leggett Medical Group will attempt in all cases to preserve the confidentiality of all oral and written medical information. This includes progress information at the end of treatment sessions, written information and electronic transmission of information to physicians and other licensed healthcare providers, insurance companies, billing companies, EHR partners, state and federal entities, and law enforcement agencies in the interest of the public safety. Leggett Medical Group will not be held responsible in the event of natural disaster, theft, or burglary of their physical or electronic property, having taken reasonable precautions.

6. How to File a Complaint

You may file a complaint if you feel that your privacy rights have been violated. Leggett Medical Group will not retaliate against you if you file a complaint. You may file a formal, written complaint with us at the address below, or with Department of Health & Human Services, Office of Civil Rights, in the Event you feel your privacy rights have been violated.

7. Leggett Medical Group's Contact Information

You may contact David Leggett for more information on our privacy policy at the following address and telephone number: **Address: 3231 Gulf Gate Dr Suite 102, Sarasota, Florida 34231. Phone: 941-365-2434.**

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

You can read the entire *Health Insurance Portability and Accountability Act of 1996* at:

<https://www.cms.gov/HIPAAGenInfo/Downloads/HIPAALaw.pdf>

Assignment of Benefits:

If we bill any insurance company on your behalf, you request/agree that payment of authorized insurance benefits, including Medicare if you are a Medicare beneficiary, be made on your behalf to Leggett Medical Group for any medical services provided to you by any of Leggett Medical Group's providers.

If we bill any insurance company on your behalf, you understand/agree that you are financially responsible to Leggett Medical Group for any allowed charges not covered by health care benefits. It is your responsibility to notify Leggett Medical Group of any changes in your health care coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. You are responsible for the entire bill or balance of the bill as determined by Leggett Medical Group and/or your health care insurer if the submitted claims or any part of them are denied for payment.

If you are a "self pay" patient (meaning we do not bill any insurer on your behalf), you are financially responsible to Leggett Medical Group for all scheduled charges for services rendered to you by Leggett Medical Group.

(KEEP THIS PAGE FOR YOUR RECORDS.)

Acknowledgement of Notice of Privacy Practices and Benefits Assignment:

By signing below, I certify that I have received a copy of Leggett Medical Group's Notice of Privacy Practices with an effective date of August 16, 2011. I am aware and acknowledge that this Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that I may direct any questions, concerns, or complaints about the privacy practices of Leggett Medical Group.

By signing below, I am also giving my consent to Leggett Medical Group, and/or its operating subsidiaries to use and/or disclose my protected health information for the purposes of treatment, payment, and operations. I understand Leggett Medical Group may in the course of rendering care to me, disclose personal health information about me to my family, close friends, or any other person that I identify as long as the information disclosed is relevant to their involvement in my care or the payment of my care. I understand that I may opt-out or otherwise restrict the disclosure of my information to such persons by providing notice to Leggett Medical Group.

I also understand that by signing below I am accepting financial responsibility (as explained above on page 2) for payment for all services I receive from Leggett Medical Group.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date

***** PLEASE RETURN THIS PAGE TO US *****