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**NOTICE OF USE OF MEDICAL INFORMATION – ABRIDGED VERSION
EFFECTIVE DATE APRIL 14, 2003**

THIS NOTICE DESCRIBES IN ABRIDGED FORMAT HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of personal health information and to provide you notice of our legal duties and privacy practices. We will need to use your protected personal health information for purposes of treating you, obtaining payment for Dr. Livstone's services, or for health care operations purposes (scheduling tests or procedures for you, calling prescriptions to your pharmacist, sending you postcard appointment reminder cards, etc.) as permitted by Federal law. You must agree to all of these uses in order for the doctor to be able to treat you.

We may be required to use and disclose your personal health information for purposes other than treatment, payment, or health care operations without your consent or authorization as permitted or required by law (subpoena in a court case, investigation by a government agency, etc.).

You may find it necessary to authorize the use or disclosure of your personal health information for other purposes (i.e. obtaining life insurance or disability payments). We will not use or disclose your personal health information for any of these purposes without your specific written authorization. Such authorization may be revoked at any time, but revoking authorization does not protect information already released. We will always follow the most recent instructions from you in effect regarding your personal health information..

You have **the right to access and request amendment** of your personal health information as long as such amendment does not render your record untrue or incomplete. You have the **right to receive an accounting of disclosures** of your personal health information for purposes other than treatment, payment, or operations except if you have previously authorized the disclosure; **we have the right to charge you** and expect payment for the cost of photocopying or producing records for you. You have **the right to receive a copy of this abridged notice or the complete version** of our privacy notice. You also have **the right to request a restriction on certain uses and disclosures** of your personal health information. **We are not required to grant your request.** You have **the right to receive confidential communications** of your personal health information. You may **exercise these rights by notifying any member of the office staff.**

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal health information that we maintain. If we change our privacy practices, we will provide you a new notice of our privacy practices.

If you have a complaint or question about our privacy practices, you should discuss them with our privacy officer, Ms. Judy Wilson, RN. If you believe that your privacy rights have been violated, you may also complain to Ms. Wilson or to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Our mission is providing health care to the patients of this medical practice. We have always done this with discretion and a sincere effort to maintain privacy. If your focus becomes your records rather than your health care at this office, Dr. Livstone will discharge you from this practice.