



## STATEMENT OF PATIENT PRIVACY NOTICE

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**THE FOLLOWING NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

(Effective Date: April 14, 2003)

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- Your protected health information (PHI) may be released only after receiving written authorization from you except under the following circumstances:
  - Your PHI may be released to other healthcare providers with Family Health Centers of Southwest Florida, other healthcare providers by referral, or other entities covered by these privacy provisions for the purpose of providing you with quality healthcare.
  - Your PHI may be released to your insurance provider so that Family Health Centers can receive payment for providing you with healthcare services.
  - Your PHI may be released in conjunction with Family Health Centers' healthcare operations including internal evaluation of the quality of services, and to allow outside agencies to review, certify, or license the healthcare services provided to you.
  - Your PHI may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime, or domestic violence.
  - Your PHI may be released to other healthcare providers in the event you need emergency care.
  - Your PHI may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event in response to a biological product (food or medication).
- You have the right to restrict the release of your protected health information. However, Family Health Centers may choose to refuse your restriction request if it conflicts with providing quality healthcare to you or in the event of an emergency.
- You may revoke your permission to release PHI at any time. It must be done in writing and contain an effective date and a list of the specific health information to be protected from release. Family Health Centers is NOT required to agree to your request.
- You may be contacted by Family Health Centers by telephone message, text, email, or mail to remind you of appointments or offer healthcare treatment options or other services that may be available to you.
- You may be contacted by Family Health Centers for the purpose of raising funds to support the organization's operations.
- You have the right to receive confidential communications about your health status.
- You have the right to review and request a copy of any/all portions of your protected health information. Family Health Centers has the right to charge a reasonable fee for providing such information.



- You have the right to request changes to your PHI. Your request must be made in writing and explain why the information should be amended. Family Health Centers can deny the requested amendment and will provide you with a written explanation for the denial.
- You have the right to know who has accessed your protected health information and for what purpose. Your request for disclosure of who has accessed your PHI must be done in writing to the Patient Privacy Officer listed below.
- You have a right to obtain a copy of this Privacy Notice. This copy can be in the form of an electronic transmission or on paper.
- Your protected health information may not be released for any other purpose than that which is identified in this notice.
- Family Health Centers is required by law to protect the privacy of its patients. It will keep confidential any and all patient health information and will provide patients with a list of duties or practices that protect healthcare information.
- Family Health Centers will abide by the terms of this notice and reserves the right to make changes to this notice while continuing to maintain the confidentiality of all healthcare information. The new notice will be available on our website or by request.
- You have the right to complain to Family Health Centers if you believe your rights to privacy have been violated. Please submit your written complaint to:

**Patient Privacy Officer**

Family Health Centers of Southwest Florida

P.O. Box 1357

Fort Myers, FL 33902

Or

Email: [FHCSWFPrivacyOfficers@HCNetwork.org](mailto:FHCSWFPrivacyOfficers@HCNetwork.org)

- All complaints will be investigated. We will not retaliate against you for filing a complaint.
- For further information about this Privacy Notice, please contact:

**Patient Privacy Officer**

Family Health Centers of Southwest Florida

Telephone: (239) 278-3600 / Fax: (239) 278-3203 /

Email: [FHCSWFPrivacyOfficers@HCNetwork.org](mailto:FHCSWFPrivacyOfficers@HCNetwork.org)

- This notice is effective as of the most recent date your registration forms were signed. This date must not be earlier than the date on which the notice is printed or published.
- A copy of the Patient Privacy Notice and the Patient Bill of Rights are available upon request.

*Family Health Centers of Southwest Florida, Inc. is a Federally Qualified Health Center recognized by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC).*