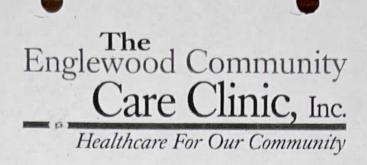


# Patient Information and Privacy Release Form

County of Residence	ce				
Patient Name:			Preferred Name:		
Home Address:		2000年1000年100日			
City:	State _	Zip:	TO A THE REPORT OF THE PARTY OF		
Home Phone #: Mobile Phone #:					
Consent to Text Message: Yes No Email:					
What is the best wa	ay to communicate	with you? (Circle One)	): Home Phone Cell Phone Work Phone Email USPS Mail		
Gender (Circle): M / F Birth Date: / US Military Veteran (Circle One): Yes No					
Family Status (circ	le): Single Married	Divorced Separated	Widowed Domestic Partner Minor Child		
Spouse's Name: _		Language Sp	ooken at Home		
Place of Employment:			Work #:		
Race/Ethnicity (Cir	cle One): White	Hispanic/Latino Black	k/African American Asian		
Ameri	can Indian/Alaska Nativ	e Native Hawaiian/Pag	cific Islander Don't wish to report		
How did you first le	earn about our clinic	? (circle one):			
	At Work Word of mouth		Advertising Internet /Online Search Primary Care Physician		
Emergency Co	ntact:	and the second second second			
Name			Relationship		
Home #:	Work #: _		Mobile #:		

# Please sign and date each item below

To the best of my knowledge, the patient Information given is complete and accurate.
Signature Date
Print name
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CONSENT FOR TREATMENT, CONSENT TO SHARE and PRIVACY POLICY
I understand that by signing below, I am giving consent to Englewood Community  Care Clinic, Inc. for treatment of my health care issues, and that I have received notice of the HIPAA PRIVACY POLICY of this clinic.  Signed
Date
The State of the Control of the Cont
I authorize <b>Englewood Community Care Clinic, Inc.</b> to contact/message me by mobile phone.  Signed
Date
and the same of the same of the same and the same of t
MEDICATION HISTORY RELEASE
l authorize Englewood Community Care Clinic, Inc. to obtain/have access to my medication history.  Signed
Date



### **Notice of Privacy Practices**

The Englewood Community Care Clinic, Inc. understands that medical information about you and your health is personal. We are committed to protecting medical information about you. 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.

#### WE ARE REQUIRED BY LAW TO:

- Make sure that the medical information that identifies you is kept private;
- · Give you this notice of our legal duties and privacy policies with respect to your medical information;
- Follow the terms of this notice

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

- FOR TREATMENT: We may disclose medical information about you to doctors, nurses and other health professionals who are involved in your medical care
- FOR HEALTH CARE OPERATIONS- We may use this information to provide the best health care based on your medical information
- 3. LAW ENFORCEMENT- We may release your information if asked to do so by a law enforcement officer. Examples would include a subpoena, warrant summons, fugitive material witness, missing person, victim of a crime, criminal misconduct about a death or in emergency circumstances to report a crime
- 4. All other disclosures require a patients' written authorization which may be revoked at any time

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

- . RIGHT TO INSPECT AND COPY- You may request this at any time-a charge may be assessed for copying costs
- RIGHT TO AMEND- You may have us update and change incorrect information
- RIGHT TO REQUEST RESTRICTIONS- You may request that we do not give out a particular part of your medical records to family members
- RIGHT TO CONFIDENTIAL COMMUNICATIONS- You may request that we only contact you a certain way, for example by telephone at home, by email or by text message

**COMPLAINTS:** All complaints about privacy violations or any other matter should be made to the Clinic Executive Director. You will not be penalized for making complaints. You have the right to complain to the Florida Department of Health about any violations of your privacy.

The Englewood Community Care Clinic, Inc. reserves the right to update and change this notice and post a correct version of this notice at all times.