

This document represents **Palm Beach Hello Health** and **Dr Rosalia Leite-Evans'** policy complying with the HIPPA Privacy Rule

Patient information used for the purpose of treating healthcare problems, tracking improvement, and trending medical therapies. Patient information is described as health history, physical examinations, test results, diagnosis, pharmacy prescriptions, and laboratory results obtained with the intention of providing treatment to the patient. Patient information also includes patient demographics (address, phone number, medical insurance, social security number, etc).

We will disclose this information to referring physicians (whom the patient has a doctor/patient relationship), and to healthcare providers that our office wishes to refer additional medical diagnosis or treatment (this includes pharmacies for prescriptions). Patient's verbal approval will be obtained prior to the release of the information to other healthcare providers. Medical insurance representatives will have access to patient information as per the patient's contractual agreement with their medical insurance policies. We will release patient information to insurance representatives necessary to obtain authorizations for medical procedures and office visits. We will use patient information for the purpose of billing. All necessary information to satisfy the insurance provider's request to support medical payments will be shared with the medical insurance company. All other requests for patient information will be released only with the patient's written approval and request.

Palm Beach Hello Health/Dr Rosalia Leite-Evans is the custodian for her patient's information and will hold the records until such time as one of the following occur.

1. If Palm Beach Hello Health/Dr Rosalia Leite-Evans no longer exists as a treating

Palm Beach Hello Health/ Rosalia Leite-Evans MD

745 US 1, Suite 203

North Palm Beach, FL 33408

Ph: (561) 247-0825 Fax: (561) 491-2305

Entity, the files will be placed in storage after a notice is given in a local paper.

2. Patient's request files be transferred to another physician and a written release is obtained
3. Patient information becomes inactive as defined by Florida Statutes.

I authorize the office to contact me in the following manner: (Initial all that apply)

Home Phone

OK to leave message with detail information

Leave message with call back number only

Work Phone

OK to leave message with detail information

Leave message with call back number only

Written communication to my home address

Email I understand and accept this is not a secure and private way to protect my information.

Text Messaging. I understand and accept this is not a secure and private way to protect my information.

(_____) can be informed about my medical care/condition.

I have reviewed this documentation and I understand its content

Signature: _____ Date: _____