

Patient Name _____ Acct. No. _____

Cancer Specialists of Tidewater, Ltd.

Summary Notice of Privacy Practice

Preliminary Draft-Subject to Change

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.

The office of Cancer Specialists of Tidewater, Ltd. Keeps medical information about you. This information is personal and private. We need to use this information in many ways. First, we use this information when we treat you or refer you for treatment. Second, we use this information for our health care operations. This means the work we must do to provide services to you and our other patients.

Under the law, each patient has certain rights to the medical information kept at Cancer Specialists of Tidewater, Ltd. These rights include but are not limited to:

- Access. You may receive and review a copy of your medical records.
- Restriction. You can ask to limit who sees your information. You can ask to limit what information is sent out.
- Accounting. You can ask to see the list of places where your information has been sent.
- Amending. You can request that medical information be changed.

A complete notice with explanation of uses, disclosures, rights and information on how to file a privacy complaint will always be posted in our reception area. You will also be able to obtain your own copy by calling our office at (757)436-2995 or asking for one at the time of your next visit.

By signing this form you (the patient) understand your rights as a patient. To insure that privacy policies are adopted and enforced the office has an appointed privacy officer, Carrie Pernell Office Manager. Any questions or reports of violations should be reported to the above mentioned person.

Patient Signature or Personal Representative

Relationship to patient

Date _____