

Coastal Nephrology & Hypertension Center, P.A.
Coastal Internal Medicine of Jupiter, P.A.

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NOTICE OF PRIVACY PRACTICES

This is a notice that describes how medical information about you may be used and disclosed, and how you can get access to this information.

Coastal Nephrology & Hypertension Center, P.A./Coastal Internal Medicine of Jupiter, P.A. respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects this privacy of the health information we create and obtain in providing our care and services to you. Your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Any information you submit to us through our website, whether through e-mail, survey, etc. will be used exclusively by Coastal Nephrology & Hypertension Center, P.A./Coastal Internal Medicine of Jupiter, P.A. Federal and State law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Uses and Disclosures of your Information:

- For treatment: information obtained by any member of our health care team, which will be recorded in your electronic medical records, and used to help decide what care is right for you. We may also provide this information to others providing your care.
- For payment: we request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnosis, procedures performed, medical records, or recommended care.
- For health care operations: we may use your medical records to assess quality and improve services. For example, our Quality Improvement Team may use your health information to assess the care and outcomes in your case, and in others like it.
- We may contact you to remind you about appointments and give you information about treatment alternatives or others health related benefits and services. This may take the form of a direct phone call, a letter, or a message left on an answering machine, or with the person answering the phone number your provide us. We may send you newsletters about general health matters, our services, wellness program, and similar events.

Only after a medical examination is performed, may our licensed medical provider prescribe, dispense, or administer, a medication if they think it appropriate for your medical treatment. All medications are given under our medical provider's license, and **NO REFUNDS WILL BE GIVEN BECAUSE YOU DID NOT GET THE TREATMENT OR PRESCRIPTION OR DRUG OF YOUR CHOICE.** Our front desk staff is not authorized to give out any medical advice or make any agreements regarding the nature of the care you will receive and/or guarantee that a specific treatment or medication will be provided.

Release of Liability:

In consideration for the rendition of medical services, I hereby voluntarily release, waive, and discharge Coastal Nephrology & Hypertension Center, P.A./Coastal Internal Medicine of Jupiter, P.A. their staff, contractors, lessors, heirs, successors, and/or assigns from any and all claims, demands, damages, costs, loss of services, expenses, compensation, and causes of action of any action of any nature whatsoever connected with the rendition of medical services which I, my spouse, my heirs, my assigns, my legal representatives, or my successors may have against any of them arising out of, or in any way growing out of personal injuries or death having already resulted or to result at any time in the future, whether or not they are in the contemplation of the parties at the present time. I understand that this waiver includes any claims based on negligence, action or inaction Coastal Nephrology & Hypertension Center, P.A./Coastal Internal Medicine of Jupiter, P.A., their staff, contractors, lessors, heirs, successors, and/or assigns. I understand I have other options to seek medical treatment elsewhere, but voluntarily choose to be treated here. I have carefully read this release and fully understand and agree with its contents. I am aware that this is a release of liability and a contract between myself and Coastal Nephrology & Hypertension Center, P.A./Coastal Internal Medicine of Jupiter, P.A. and staff, employees, and contractors, and I sign it of my own free will.

I certify I am the patient or the patient's legal representative, that I have read the foregoing, fully understand the consents and releases contained in this record, and voluntarily execute*/-* it. I understand the consents regarding my personal health information are subject to revocation at any time except to the extent that actions has been taken in reliance thereon and that said contents shall remain in effect until I choose to revoke them in writing.