



SOUTHWEST FLORIDA NEUROLOGICAL ASSOCIATES

SOUTHWEST FLORIDA REHAB & PAIN MANAGEMENT ASSOCIATES

12700 Creekside Lane, Suite 101 • Fort Myers, Florida 33919 • (239) 432-0774 • FAX (239) 432-9404
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Notice of Privacy Practices

Effective April 14, 2003, all medical practices must follow certain guidelines as it pertains to the “Protected Health Information” (PHI) of their patients. PHI is defined as information about the patient, including demographic information, that may identify the patient, and relates to the patient’s past, present, or future physical or mental condition and related health care services.

This short form has been created to provide you an overview explaining how we will handle your PHI and actions you can take if you feel we have not handled your PHI properly. A more detailed explanation of this Notice of Privacy Practices is available on our website at www.swfna.com.

How we handle your Protected Health Information:

We will ask each patient to sign consent from allowing Southwest Florida Neurosurgical Associates and/or Southwest Florida Rehab and Pain Management to use your PHI for three purposes only. Those purposes are for medical treatment, information required for payment of services rendered, and for conducting our operational activities. No other use of your PHI will occur without your written consent, unless it is to comply with state and federal laws.

Complaints regarding Protected Health Information:

If you feel we have improperly distributed your PHI or believe your HIPAA privacy rights have been violated by Southwest Florida Neurosurgical Associates and/or Southwest Florida Rehab and Pain Management, you may file a complaint by notifying our privacy contact listed below. Additionally, you also may file a complaint to the Secretary of Health and Human Services. We will not retaliate against any patient for filing a complaint.

If there are any questions with regard to this notice, they may be directed to our Privacy Contact, Robert O’Grady at (239) 432-0774, x5218, or at bogrady@swfna.com.

Patient Signature

Date

Southwest Florida Neurosurgical Associates
Southwest Florida Rehab and Pain Management

Date