

The ExerScience Center

24706 State Road 54
Lutz, FL 33559
Phone: (813) 803-7070

I have read and understand the Notice of Privacy practices of
The ExerScience Center.

Signature of Patient

Date

Please Print

Date

I grant permission for The ExerScience Center to speak with the following
individuals concerning myself and my treatment plan:

Health Information Portability and Privacy Act

NOTICE OF PRIVACY PRACTICES

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. If you have any questions about this notice, please contact The ExerScience Center and/or personnel that provided your services. For your convenience, a listing of contacts is provided on the last page of this notice.

This Notice of Privacy Practice describes how The ExerScience Center may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. The ExerScience Center shall be referred to collectively as “The ExerScience Center” or “we” in this notice, and these referenced include all affiliates of The ExerScience Center which are identified on the last page of this Notice.

It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health records information that we maintain at that time.

Upon your request, we will provide you with any revised Notice of Privacy Practices. This notice became effective on April 14, 2003.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

The ExerScience Center understands that medical information about you and your health is personal and confidential. We are committed to protecting medical information about you. We create a record of the care and services you receive at The ExerScience Center. This is needed to provide you with quality care and to comply with certain legal requirements, as well as billing purposes. This notice applies to all records of your protected health information generated by The ExerScience Center.

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www.TheExerScienceCenter.com