HARBOR PHYSICIANS
Primary Care & Internal Medicine
2140 Kingsley Ave, Suite 1, Orange Park, FL 32073
Ph: 904-368-6809 | Fax: 904-368-6809

Name: _____ DOB: _____

NOTICE OF PRIVACY PRACTICES

Effective Date: July 21, 2026

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.

Our Responsibilities

Harbor Physicians is required by law to maintain the privacy and security of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, follow the notice currently in effect, and notify you promptly if a breach may have compromised the privacy or security of your information.

How We May Use and Disclose Your Information

- **Treatment.** We may use or share your information to provide, coordinate, or manage your healthcare and to consult with other healthcare professionals.
- **Payment.** We may use or share your information to bill and obtain payment from health plans or other entities.
- **Healthcare operations.** We may use or share your information to operate the practice, improve care, train staff, conduct quality assessment, perform audits, and contact you when necessary.
- **Appointment reminders and alternatives.** We may contact you about appointments, test results, treatment alternatives, or health-related services that may interest you.
- **People involved in your care.** Unless you object, we may share relevant information with family members, friends, caregivers, or others involved in your care or payment for care.
- **As required or permitted by law.** We may disclose information for public health and safety activities, reporting suspected abuse or neglect, health oversight, judicial or administrative proceedings, law-enforcement purposes, workers' compensation, organ donation, coroners or funeral directors, research permitted by law, specialized government functions, or to avert a serious threat to health or safety.

Uses Requiring Written Authorization

We will obtain your written authorization for uses or disclosures not otherwise permitted by law. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures involving the sale of PHI require authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

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YOUR HEALTH INFORMATION RIGHTS

• **Inspect or obtain a copy.** You may inspect or obtain paper or electronic copies of your medical and billing records, usually within 30 days. We may charge a reasonable, cost-based fee.

• **Request correction.** You may ask us to correct information you believe is incorrect or incomplete. We may deny the request but will explain the reason in writing.

• **Request confidential communications.** You may ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests.

• **Request restrictions.** You may ask us not to use or share certain information. We are generally not required to agree, except when you pay in full out of pocket and ask us not to disclose information about that care to a health plan for payment or operations, unless disclosure is required by law.

• **Obtain an accounting of disclosures.** You may request a list of certain disclosures made during the six years before your request.

• **Choose someone to act for you.** A legal guardian or person with medical power of attorney may exercise your rights when legally authorized.

• **Receive a paper copy.** You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

• **Complain without retaliation.** You may complain if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

Questions and Complaints

Contact the Harbor Physicians Privacy Officer at 904-368-6809 or write to 2140 Kingsley Avenue, Suite 1, Orange Park, FL 32073.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at **ocrportal.hhs.gov**, by mail, or by calling **1-877-696-6775**.

Changes to This Notice

We may change this notice and make the revised notice effective for all PHI we maintain. The current notice will be available at our office and, when applicable, on our website.

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FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your healthcare provider recognize your rights while you are receiving medical care and that you respect the provider's right to expect reasonable behavior. You may request the full text of section 381.026, Florida Statutes.

Patient Rights

1. Be treated with courtesy and respect, with appreciation of individual dignity and protection of privacy.

2. Receive a prompt and reasonable response to questions and requests.

3. Know who is providing medical services and who is responsible for your care.

4. Bring a person of your choosing into patient-accessible areas while receiving treatment or consulting with your provider, unless safety, health, or reasonable-accommodation concerns prevent it.

5. Know what patient-support services are available, including whether an interpreter is available.

6. Know what rules and regulations apply to your conduct.

7. Receive information concerning diagnosis, planned treatment, alternatives, risks, and prognosis.

8. Refuse treatment, except as otherwise provided by law.

9. Upon request, receive information and counseling about available financial resources for care.

10. If eligible for Medicare, upon request and before treatment, know whether the provider accepts Medicare assignment.

11. Before treatment, upon request, receive a reasonable estimate of charges.

12. Receive a reasonably clear, understandable, itemized bill and, upon request, an explanation of charges.

13. Receive impartial access to medical treatment regardless of race, national origin, religion, disability, or source of payment.

14. Receive treatment for an emergency medical condition that would deteriorate without treatment.

15. Know whether treatment is for experimental research and consent to or refuse participation.

16. Express grievances through the provider's grievance procedure and to the appropriate state licensing agency.

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PATIENT RESPONSIBILITIES

1. Provide accurate and complete information about complaints, illnesses, hospitalizations, medications, and other health

matters.

2. Report unexpected changes in your condition.

3. Tell the provider whether you understand the planned course of action and what is expected of you.

4. Follow the recommended treatment plan.

5. Keep appointments or notify the office when unable to do so.

6. Accept responsibility for your actions if you refuse treatment or do not follow instructions.

7. Fulfill financial obligations for healthcare as promptly as possible.

8. Follow office rules affecting patient care and conduct.

Questions or grievances

Please ask to speak with the Practice Administrator. You may also contact the Florida Department of Health, Medical Quality

Assurance Consumer Services Unit, at 850-488-0595.

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YOUR RIGHT TO A GOOD FAITH ESTIMATE

You have the right to receive a Good Faith Estimate explaining how much your healthcare will cost.

For uninsured or self-pay patients

If you do not have certain healthcare coverage, or you are choosing not to use your coverage, you have the right to an estimate of expected charges before receiving healthcare items or services.

• You may request a Good Faith Estimate before scheduling an item or service.

• If care is scheduled at least 3 business days in advance, the estimate generally must be provided in writing within 1 business day.

• If care is scheduled at least 10 business days in advance, the estimate generally must be provided in writing within 3 business days.

• If you request an estimate before scheduling, it generally must be provided within 3 business days.

• Keep your estimate so you can compare it with your final bill.

If a bill from a provider or facility is at least **$400 more** than that provider's or facility's Good Faith Estimate, you may be eligible to dispute the bill.

Questions

Contact Harbor Physicians at 904-368-6809. For federal information, visit **cms.gov/nosurprises/consumers** or call the No Surprises Help Desk at **1-800-985-3059**.

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ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that Harbor Physicians provided or made available to me the following documents:

1. Notice of Privacy Practices
2. Florida Patient's Bill of Rights and Responsibilities
3. Notice of the Right to Receive a Good Faith Estimate

I understand that this acknowledgment confirms receipt or availability of these notices. It does not waive any of my rights, authorize uses or disclosures beyond those permitted by law, or require me to agree with the notices.

Patient Name: _____

Patient or Representative Signature: _____

Relationship to Patient, if applicable: _____

Date: _____

If acknowledgment is not obtained:

☐ Patient declined to sign ☐ Emergency treatment ☐ Other: _____

Staff Initials: _____ Date: _____