

**NOTICE OF PRIVACY PRACTICES OF
CHARLES W. KENT, MD, INC. and
TALLAHASSEE VEIN & FACE CLINIC, INC.**

Revised March 13, 2010

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 Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program which requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

The goal of TVFC is to treat our clients with courtesy, striving to insure confidentiality of services rendered. To this end, we will strive to minimize contact between clients. Your records are kept locked up and are available for your review at any time.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information, and how we may use and disclose your health information.

A. PURPOSE OF THE NOTICE OF PRIVACY PRACTICE:

A record is made of the care and services you receive each time you are a patient in our facility. This record documents such things as your physical examination, test results, diagnosis, treatment, plans for future care and information related to billing. We make this record to provide you with quality care, and to comply with certain legal requirements. This notice describes the type of information we gather about you while you are a patient, with whom that information may be shared, and the safeguards we have in place to protect it.

B. OUR LEGAL DUTY REGARDING YOUR MEDICAL INFORMATION:

We are required by law to keep private any medical information that identifies you, and provide you with a description of our privacy practices with respect to your medical information. We will follow the terms of the notice that is currently in effect.

C. PATIENT CONFIDENTIALITY:

1. TVFC will strive to ensure patient confidentiality, taking care in acknowledging clients before others, discussing treatment anywhere other than in privacy, and keeping records out of plain view of others. Treatments will be rendered in privacy.

2. Records will be kept in a locked file or closet, or in provider's immediate possession.

3. Appointment lists and schedules will not be in plain view of others.

4. We will strive to schedule appointments so as to allow minimal waiting time and traffic flow. This will ensure confidentiality, and will make your visit more comfortable.

5. The goal of our services is to make the individual feel more capable and comfortable in their daily activities, and in their appearance. We have found that this confidence can have a positive impact on one's lifestyle and activity level.

D. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Permitted and Required Uses and Disclosures of Your Health Information Which DO NOT Require Your Written Authorization or the Opportunity for You to Object or Agree:

1. For treatment: We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different healthcare professionals also may share health information about you in order to coordinate the different things you may need. We may also disclose medical information about you to people outside the facility who may be involved in your medical care, or that provide services that are part of your continuing care.

2. Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information, has approved their research and granted a waiver of the authorization requirement.

3. Future communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facilities are participating in.

4. As required by law:

We will disclose medical information about you when required to do so by federal, state or local law. This may include, but is not limited to the following types of entities:

- a. Food and Drug Administration
- b. Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- c. Military Command Authorities
- d. Health Oversight Agencies
- e. National Security and Intelligence Agencies
- f. Protective Services for the President and Others

5. Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement as required by law or in response to a valid subpoena.

6. Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care. This may include leaving a message on your answering machine/voice mail.

E. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

1. You have the right to request restrictions or limitations on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

2. You have the right to request that our practice communicate with you in a particular manner or at a particular location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

3. You have the right to inspect and copy your protected health information.

4. You have the right to amend your protected information.

5. You have the right to receive an accounting of disclosures of protected health information.

6. You have the right to obtain, and we are obligated to receive a written acknowledgment that you have received, a copy of our Notice of Privacy Practices.

This notice was revised on March 18, 2010, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request, a copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice, or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Charles W. Kent, MD or
Linda A. Schank, RN
4025 Brandon Hill Dr.
Tallahassee, FL 32309
(850) 561-8346

For more information about HIPAA, or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775