

Kathy L. Anderson, DO, PA

510 E. Druid Road, Suite A ☎ Clearwater, Florida 33756 ☎ (727) 462-5242 ☎ Fax (727) 462-5350

PATIENT NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be disclosed. Please review it carefully.

Kathy L. Anderson, DO, PA will use your medical information for the following:

- **TREATMENT:** Including providing your medical records to consulting clinicians and insurance companies.
- **PAYMENT:** We will file necessary claims to insurance companies in your name to obtain payment. They may request part or all of your medical record to pay the claim.
- **HEALTH CARE OPERATIONS:** Any others involved in your healthcare.

The entire PRIVATE POLICY NOTICE of Kathy L. Anderson, DO, PA is posted in the waiting room for your perusal.

In conjunction with these privacy practices you will need to provide us with following information:

Name of person(s) we may speak to regarding your health information.

May we leave a message regarding your confidential health information (i.e. biopsy results and/or treatment plans) or an upcoming appointment reminder on your answering machine or voice mail? YES NO

Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient or Legal Guardian

Patient's Date of Birth

Witness

Date

RELEASE OF INFORMATION:

I authorize the release of medical information to my primary care or referring physician, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the physician.

Patient or Responsible Party Signature: _____ Date ____ / ____ / ____