

# HIPAA Notice

**ROBINSON MD**  
FUNCTIONAL & CONCIERGE MEDICINE

You as the patient have a right under federal law to be assured of the privacy of your medical information.

**Robinson MD** operates under standard HIPAA Privacy practices; your medical records are kept in a secure location only accessible to Dr. Robinson and her staff. We do not allow any third party to access your records for review or other purposes without your written consent. We do not use your information for fundraising activities.

It is Dr. Robinson's responsibility under federal law to maintain the security of your medical records.

Your medical information will only be used to evaluate and treat your specific health problems. Some agencies may request certain information under the law without your consent (i.e. the courts, the health department [for reportable diseases] and the police department).

You may request or review your medical records, and to amend the information therein by submitting a written request. Your records will only be forwarded to a third party upon your written request (office release of information form).

**Contact our office (727) 329-8859 regarding any questions pertaining to HIPAA.**

**I have received a copy and understand the above as required by federal law:**

If, I fail to specify an expiration date, event or condition, **this authorization will expire in 1 year.**

X \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of patient or legal representative

**I give permission to \_\_\_\_\_ to make appointments on my behalf.**

**I give permission to release medical information and/or records to the following individuals:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of patient or legal representative