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Pompano Beach, FL 33069

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Phone: 1.888.646.2273  
Fax: 1.888.745.7020

## NOTICE OF INFORMATION PRACTICES

Protecting the privacy of your personal health information is important to us. This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, and law enforcement activities. Any other disclosures for the purpose of treatment, payment or practice operation will be made only after obtaining your consent. You may request restriction on medical records for treatment.

Disclosures protected health information is limited to the minimum necessary for the purpose of the disclosure. This provision does not apply to the transfer of medical records for treatment.

You may inspect and received copies of your records within 30 days with a request to do so. There are may be reasonable cost-based free for photocopying, postage and preparation.

You may request changes to your records. Our practice has the right to accept or deny your request. In the future, we may contact you for appointment reminders, announcements, and inform you about practice and its staff.

You may file a complaint about privacy violations by contacting the office manager.  
Phone: (888)646-2273 | Fax: (754)222-8873

Print your name \_\_\_\_\_ Phone # \_\_\_\_\_

The effective date of the Notice of Information Practices is \_\_\_\_\_

Thank you,  
BROWARD OUTPATIENT URGENT CARE