

The following categories describe unique situations in which we may disclose your Individually Identifiable Health Information:

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| Public Health Risks             | Health Oversight Committees         |
| Lawsuits and Similar Activities | Deceased Patients                   |
| Organ and Tissue Donation       | Serious Threats to Health or Safety |
| Military                        | National Security Inmates           |
| Worker's Compensation           | Law Enforcement                     |
| Research                        |                                     |

**What are your rights concerning your Individually Identifiable Health Information?**

You have rights regarding the Individually Identifiable Health Information that we maintain about you. The policies and procedures for the following circumstances are listed in our Notice of Privacy Practices:

1. Confidential Communications
2. Requesting Restrictions
3. Inspection and Copies
4. Amendment
5. Accounting of Disclosures
6. Right to a Paper Copy of this Notice
7. Right to File a Complaint
8. Right to Provide an Authorization for Other Uses and Disclosures

If you have any questions regarding this notice or our Privacy Practices please contact:

Elizabeth Vroman  
220 SW 84th Avenue, Suite 105  
Plantation FL 33324  
954-693-0004

I have read the short notice provided by South Florida Interventional, Inc. and have been informed of how to obtain more information regarding the practice's Notice of Privacy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name