

Vincent Di Carlo, M.D. & Associates, P.A.
d/b/a Neurology & Physical Therapy Centers of Tampa Bay

2835 W. De Leon St., Suite 205
Tampa, FL 33609
(813) 831-6622
Fax: (813) 874-1936

NOTICE OF PRIVACY PRACTICES

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.

This notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Our office may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised notice you may call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED:

We may use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor, healthcare provider or office staff in treating you, by our business office to process and collect payment for the services rendered, and in order to support the business activities of the practice, including, but not limited to, use by administrative personnel reviewing the quality of the care you receive, employee review activities, training, licensing, contacting or arranging for other business activities.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

Appointment Reminders: We may contact you to provide appointment reminders.

Treatment Information: We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Department of Health and Human Services: We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Family and Friends: Unless you object, we may disclose your medical information to family members, other relatives or close personal friends when the medical information is directly relevant to that person's involvement with your care.

Notification: Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.

Disaster Relief: We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Health Oversight Activities: We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Abuse or Neglect: We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings: We may disclose your medical information in the course of certain judicial or administrative proceedings and/or in response to a subpoena requesting your protected health information in relation to a judicial or administrative proceeding.

Law Enforcement: We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

Coroner, Medical Examiners and Funeral Directors: We may disclose your medical information to a coroner, medical examiner or a funeral director.

Organ Donation: If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Research: We may use or disclose your medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research or the research is on only decedent's information.

Public Safety: We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Workers' Compensation: We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

Business Associates: We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION:

Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require your written authorization.

Marketing: Uses and disclosures of your protected health information for marketing purposes require your written authorization, including any communication for which we receive financial remuneration from a third party whose product or service is being described.

Sale of Protected Health Information: We will not sell your protected health information without your written authorization.

Other Uses: Any other use or disclosure of your protected health information not described in this notice will be made only with your written authorization. You may revoke that authorization at any time, in writing, except to the extent we have already acted in reliance on it.

BREACH NOTIFICATION:

We are required by law to maintain the privacy of your protected health information and to notify you following a breach of unsecured protected health information. If such a breach occurs, we will notify you in accordance with the requirements of federal law and the Florida Information Protection Act.

AUTHORIZATIONS:

We may disclose your medical information to those persons and/or institutions and in those circumstances in which you have authorized us to do so by written authorization. Please see the attached authorization form for information on the individuals or institutions to whom you may authorize us to disclose your medical information.

Once given, you may revoke your authorization at any time by requesting, filling out and returning a Revocation of Authorization form from our office at the address below. To request a Revocation of Authorization form, you may contact:

Privacy Officer
Vincent Di Carlo, M.D. & Associates, P.A., 2835 W. De Leon St., Suite 205
Tampa, FL 33609
Telephone: (813) 831-6622 Fax: (813) 874-1936

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your medical information:

You may ask us in writing to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but we may agree to do so in writing.

Right to Restrict Disclosures to a Health Plan: If you pay for a service or health care item out of pocket in full, you have the right to ask us not to share that information for the purpose of payment or our operations with your health insurer, and we are required to agree to that request unless a law requires us to share the information.

You have the right to receive communications from us in a manner consistent with the manner as is described in this document. You may request that we communicate with you by alternative means or at an alternative location, and we will accommodate reasonable requests.

Your Right to Access and Copy Your Health Information

You have the right to inspect and obtain a copy of your Protected Health Information (PHI) in the form and format you request, if it is readily producible. This right is subject to certain specific exceptions permitted by law.

- **Format Options:** If we maintain your records electronically, you can request an electronic copy. If your requested format is not readily producible, we will work with you to provide a mutually agreeable, readable electronic or paper format.
- **Third-Party Delivery:** You may direct us in a signed, written request to transmit a copy of your PHI directly to another designated person or entity.
- **Fees:** We may charge a reasonable, cost-based fee for the labor, supplies, and postage required to fulfill your request, as permitted by law.

You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.

You have the right to receive an accounting of the disclosures of your medical information made by our practice during the last six years (or following April 14, 2003), except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized, disclosures as described above and certain other specific disclosure types.

You may request a paper copy of this Notice of Privacy Practices for Protected Health Information.

You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please contact:

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If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact the Privacy Officer at the address and telephone number above.

THIS NOTICE IS EFFECTIVE AS OF AUGUST 21, 2026.

REVISION OF NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at our office and on our website, and will make paper copies of the revised Notice of Privacy Practices available upon request.

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