



Ronald Vicencio MD

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Patient: _____ DOB: _____

Notice of Privacy Practices:

I acknowledge I have received the notice of privacy practices or have been notified that I have the option of asking to receive them at any time by asking Dr. Vicencio. Furthermore, I acknowledge that it is my responsibility to notify Dr Vicencio in writing if my Right to Share Contact Information changes.

Patient/Guardian: _____ Date: _____

Staff Member/Witness: _____ Date: _____

Reasons for not obtaining Signature: _____

Medical Record Release

At your request and with a completed authorization on file, medical records may be provided to another physician as a professional courtesy.

Our facility may choose to engage a vendor to fulfill any other medical record request. This partnership allows our clinical staff to continue solely focus on your healthcare needs. By utilizing our selected vendor, we can ensure that your protected health information (PHI) is safely and expediently transferred from our organization to the authorized requester(s). Our vendor offers HIPAA compliance advanced technology, and heightened security measures. Their employees receive extensive HIPAA training and sign confidentiality and code of conduct agreements to remained aligned with the values of VMedcare, LLC. Due to the strict procedural regulations and associated costs involved in the release of PHI (protected Health Information) you may be billed applicable copy fees (Florida rule; 64B8-10.003) should you wish to have a copy of your records for personal use. You may receive a separate invoice from them for these services.