

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

If you have any questions regarding this notice, please contact
Physicians Primary Care Privacy Officer at (239) 275-5522

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

Uses and Disclosures: The following categories describe examples of the way we use and disclose health information

- **For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to physicians, nurses, technicians, medical students, volunteers or other facility personnel who are involved in taking care of you at our facility. We also may disclose medical information about you to people outside our office who may be involved in your care after you leave the office. These entities include third party physicians, hospital, nursing homes, pharmacies or clinical labs with whom the office consults or makes referrals.
- **For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about procedures you received at the office so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you for medical office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the office should offer, what services are needed, and whether certain new treatments are effective. We may disclose information to our physicians, staff, and other office personnel for review and learning purposes.
- **As Required by Law-** We will disclose medical information about you when required to do so by federal, state or local law.
- **Law Enforcement:** We may disclose health information to a law enforcement official as required by law. This may include reporting a crime, responding to a court order, subpoena, warrant, discovery request, national security and intelligence activities or other legal process.
- **Health Oversight Activities** – We may disclose health information to comply with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.
- **Public Health-** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report certain communicable diseases to the state's public health department.
- **Appointment Reminders-** We may disclose medical information to provide appointment reminders (e.g. contacting you at the phone number you have provided for us and leaving a message as an appointment reminder).
- **Decedents-** Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.
- **Research-** We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver from the Institutional Review Board/Privacy Board, who has reviewed the research proposal.
- **Specialized Government Functions-** We may disclose health information for military and veteran's affairs or national security and intelligence activities.
- **Individuals Involved in Your Care or Payment for Your Care** – We may release medical information about you to a friend or family member who is involved in your medical care provided you have consented to such disclosure. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **To Avert a Serious Threat to Health/Safety-** We may disclose your health information when we believe in good faith that this is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.
- **Health Related Benefits and Services-** We may contact you to provide information about treatment alternatives or other health-related benefits and services that maybe of interest to you (for example, to notify you of any new tests or services we may be offering). If you'd rather not receive these communications, from our practice, you will be given the opportunity to opt out of future communications and/or to unsubscribe.

- **Fundraising** – We may use your name and other information necessary to support our fundraising efforts. If you'd rather not receive fundraising communications from our practice, you will be given the opportunity to opt out of future communications and/or to unsubscribe.
- **Other uses and disclosures:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. Should you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure or information that occurred before you notified us of your decision to revoke your authorization. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

Your Rights Regarding Medical Information About You

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. You must submit your request in writing to the Office Manager of this office. If you request a copy of the information, you have the right to request an electronic or paper copy of your health information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.
- **Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.
 - To request an amendment, your request must be made in writing and submitted to the Office Manager. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by our office
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of your health information for purposes other than treatment, payment or health care operations where an authorization was not required. Your request must state a time period that may not be longer than six years and may not include dates before April 2003.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.
 - We are required to agree to your request **only** if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid in full.
 - **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Office Manager of this office. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example disclosures to your spouse or to your health plan if you have paid for the service out of pocket.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home or at an alternate phone number. Your request must be in writing to the Office Manager and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- **You have the right to receive notice of a security breach:** Effective September 23, 2013, we are required to notify you if your protected health information has been breached. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information. The notification requirements under this section only apply if the breach poses a significant risk for financial, reputational, or other harm to you. Not every impermissible use or disclosure of protected health information constitutes a reportable breach.

Changes to This Notice:

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at (239) 275-5522. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized or retaliated against for filing a complaint.