*Our Family Doctors*

***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.

The HIPAA Privacy Rule is a set of federal standards to protect the privacy of patient’s Protected Health Information (PHI). Our practice is required to follow these specific rules. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations, and for other purposes that are permitted or required by law. As the HIPAA Privacy Rule evolves, we reserve the right to update our Notice of Privacy Practices at any time. You have the right to request a copy of our current Notice of Privacy Practices at any time.

*If you have questions regarding your privacy rights, please feel free to contact our HIPAA Privacy Officer/Practice Administrator,*

*Michelle Haile, RN at 727-581-4849 Ext 222.*

**How We May Use or Disclose Protected Health Information (PHI)**

Your PHI may be used and disclosed by your physician, our staff and others who are involved in your care for treatment, payment, or other healthcare operations. The following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

**Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

**Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits. This may also include disclosures to other insurance providers and collection agencies.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities. An example of this may be to use your PHI to determine the quality of care you received from us.

**Business Associates:** In certain circumstances, we need to share your medical information with a business associate or covered entity (I.E. copying service, collection agency, confidential recycling company) so it can perform a service on our behalf. Prior to disclosing any PHI with a business associate, we will establish a written contract that contains the terms that will protect the privacy of your information. Business Associates and their subcontractors must also comply with HIPAA Privacy and Security Regulations and we will verify their understanding and compliance.

**Health Information Organization:** The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

**Special Notices:** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office.

**Other Permitted and Required Uses and Disclosures**

In certain instances our practice is permitted to use or disclose your PHI without your written authorization. For the instances listed below we will maintain compliance with the law, limit the disclosure to the minimum necessary, and if required, notify you of any disclosure.

* **Disclosures Required By Law & Workers Compensation**
* **Abuse or Neglect:** We may disclose your PHI to a public health authority authorized to receive reports of any type of abuse, neglect, or domestic violence.
* **Public Health & Communicable Diseases:** We may disclose your PHI for public health purposes or to a public health authority that is permitted by law to collect or receive the information. We are permitted to disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease or condition.
* **Research & Health Oversight:** We may disclose your PHI to researchers when an institutional review board that has reviewed the research proposal, as well as established protocols to ensure the privacy of your information has approved their research. We are permitted to disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
* **Law Enforcement and Legal Proceedings:** We may disclose PHI, under lawful conditions to law enforcement. Permitted law enforcement purposes include: legal processes and otherwise required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of our practice, and medical emergency associated with a crime. We may also disclose PHI if you are an inmate in a correctional institution. We may disclose PHI in connection with any judicial or administrative proceeding, subpoena, or in responding to a court order or tribunal.
* **Organ Donation, Coroners, & Funeral Directors:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner/medical examiner to perform other duties. Disclose may be made in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
* **Military Activity and National Security:** We may disclose PHI of individuals who are Armed Forces personnel under the following circumstances: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We are also permitted to disclose your information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Written Authorization Required**

Unless required by law, your written authorization will be required for all other uses and disclosures of your PHI. You may revoke authorization at any time, by written request. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Note: We are unable to undo any disclosures previously made with your authorization. The following disclosures will be made only after obtaining written authorization from you:

 Uses and disclosures for marketing purposes\* Uses and disclosures that constitute the sale of PHI\*

 Most uses and disclosures of psychotherapy notes Uses and disclosures not described in the notice

\*If either of the above will result in financial remuneration this will be noted on the written authorization.

**Opportunity to Agree or Object**

**Others involved in your healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify, your PHI that directly relates to that person’s involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition, location, or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

**Fundraising Events**: Should we choose to participate fundraising efforts we will first provide you with an opportunity to opt-out of our current or future fundraising communications. You will be made aware if our fundraising efforts will include our practice receiving financial remuneration.

**Immunization Records:** We can disclose proof of immunization to a school where state or other law requires it prior to admitting a student. Written authorization is no longer required, but an agreement must still be obtained, which can be oral.

**Patient Rights**

You have the following rights regarding the PHI that we maintain about you:

**The right to receive a copy of this Notice of Privacy Practices**: We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices. The Notice will also be posted in a conspicuous location within the practice, and if such is maintained by the practice, on our web site.

**The right to inspect and obtain a copy of your PHI.** This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines. **NOTE:** Federal law prohibits you from inspecting or copying: psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and laboratory results that are subject to law that prohibits access.

**The right to request a restriction of your PHI**. This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of payment or healthcare operations and is not otherwise required by law. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

**You have the right to request an alternative means of confidential communication**  This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**You have the right to receive an accounting of certain disclosures made**. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**The right to request an amendment of your PHI for as long as we maintain this information:** All requests to amend your records must be submitted in writing. We may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement and we may provide you with a copy of any rebuttal. Please contact our Privacy Officer/Administrator if you have questions.

**The right to receive a privacy breach notice** - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

**Privacy Complaints**

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying Michelle Haile, RN, Practice Administrator at (727) 581-4849. All complaints must be submitted in writing. Protecting your private health information is essential to us, and we will not retaliate against you should you file a complaint.