

# NOTICE OF PRIVACY PRACTICES

Internal Medicine Specialty Associates  
3700 Washington St. #305  
Hollywood, Florida 33021

Effective Date: \_\_\_\_\_

**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.**

## **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

We understand that information about you and your health is personal. We are committed to protecting the privacy of this information. Each time you visit our practice we create a record of the care and services you receive. This record may be a hard copy record or an electronic record. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe the rights and certain obligations we have regarding the use and disclosure of health information. If you have any questions about this notice, please contact our Privacy Officer at 954-981-7070.

It is our responsibility to safeguard your personal health information. We are required by state and federal law to maintain the privacy of your health information. We must also give you this notice of our legal duties and our privacy practices, and we must follow the terms of the notice that is currently in effect.

The following categories describe different ways that we may use and disclose your health information. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but describe the types of uses and disclosures that we may make.

## **CERTAIN PERMITTED USES AND DISCLOSURES:**

Except with respect to uses or disclosures that require an authorization (as described below) under federal law or your consent under state law, the practice may use and disclose your health information for treatment, payment, or healthcare operations.

► **Treatment** - We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you at our practice. We may also disclose health information about you to other healthcare providers for your medical treatment. For example, your health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

► **Payment** - We may use and disclose health information about you so the treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan. For example, we may provide your health information to your health plan to obtain approval for certain services. We may also disclose health information about you to

other healthcare providers in order to allow such healthcare providers to bill and collect payment for the treatment and services you receive from them.

▶ **Healthcare Operations** - We may use and disclose health information about you for our healthcare operations, including, for example, quality assurance activities, legal and accounting services, and other administrative activities. These uses and disclosures are necessary to operate our medical practice and to make sure all of our patients receive quality care. We also may disclose health information about you to organized healthcare arrangements (OHCA) in which we participate with other physician organizations, hospitals and health plans. Upon request, we can provide you with a list of OHCA's in which we participate.

▶ **Business Associates** – Some of our healthcare operations are provided through contracts with business associates. Examples of business associates include management consultants, quality assurance reviewers, lawyers, accountants, software companies, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

▶ **Appointment Reminders** - We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care with our medical practice.

▶ **Alternative Treatments** – We may use and disclose health information to inform you about treatment alternatives and other health related benefits that we believe might be of interest to you.

▶ **Sign-in Sheet**– We may use and disclose health information about you by having you sign in when you arrive at our offices. We may also call out your name when we are ready to see you.

#### **WITH YOUR VERBAL AGREEMENT**

We may use and/or disclose your health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your health information. If you are not present or if you are unable to agree or object to the use and/or disclosure of your health information, then the practice may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the health information that is relevant to your healthcare will be disclosed.

▶ **Individuals Involved in Your Care or Payment for Your Care** - We may disclose your health information that is relevant to your medical care or payment to a friend, family member, other relative, or any person you identify, unless you tell us in advance not to do so. We may also use or disclose your health information to notify (or assist in notifying) your family members, personal representatives, or another person involved in your care, of your condition, status, or location. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family members, personal representatives, or another person involved in your care can be notified about your condition, status, or location. To help us identify these persons we will ask you to complete a list of family members, together with their contact information. You may modify this list in writing at any time.

#### **SPECIFIC WRITTEN AUTHORIZATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may always refuse to sign an authorization for these types of uses or disclosures and neither treatment, payment, enrollment, nor eligibility for benefits

will be conditioned upon you providing or refusing to provide such an authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Some typical disclosures that require your authorization or consent are as follows:

▶ **Research** – Unless we receive specific approval from an Institutional Review Board (IRB) or privacy board, we may disclose your health information to researchers only after you have signed a specific written authorization. You do not have to sign the authorization in order to get treatment from our practice, but if you do refuse to sign the authorization, you cannot be part of the research study.

▶ **Sale of Health Information** – We will not sell your health information without your prior written authorization. The authorization will disclose whether we will receive compensation for your health information. If you authorize the sale of your health information and later revoke such authorization, we will abide by such revocation.

▶ **More Stringent Laws** - The laws of the State of Florida are more stringent in some cases than federal health information privacy laws. Our practice will abide by the laws (Florida or federal) that grant you greater access to your medical records and those laws (Florida or federal) that grant you further protection from disclosure of your healthcare information.

▶ **Marketing** – Subject to certain exceptions, your authorization is required in cases where our practice receives any financial compensation in exchange for making a communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

▶ **Psychotherapy Notes** – Most uses and disclosures of psychotherapy notes require your authorization.

#### **USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION OR AN OPPORTUNITY TO AGREE OR OBJECT**

The following disclosures of your health information are permitted by law without any oral or written permission from you:

▶ **Department of Health and Human Services** – We may disclose health information about you when required to do so by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal law.

▶ **Public Health Activities** – In accordance with applicable state and federal laws, we may disclose health information about you for public health activities, such as: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications, problems with products or other adverse events; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or, if you agree or if we are required by law, to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

▶ **Health Oversight Activities** - We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and

licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

▶ **Judicial and Administrative Proceedings** – We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent required by a court or an administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

▶ **Law Enforcement** – We may, and are sometimes required by law, to disclose your health information to law enforcement for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, subpoena or for other law enforcement purposes.

▶ **Coroners and Medical Examiners** - We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person.

▶ **Organ and Tissue Donation** - We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

▶ **Averting a Serious Threat to Health or Safety** - We may use and disclose health information about you when necessary to prevent or lessen a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent or lessen the threat.

▶ **Military and Veterans** - If you are a member of the armed forces, we may release health information about you as required by military command authorities.

▶ **National Security and Intelligence Activities** - We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

▶ **Protective Services for the President and Others**. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

▶ **Inmates** - If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

▶ **Worker's Compensation** - We may release health information about you for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

▶ **Immunizations** – We will disclose proof of immunizations to a school where the state or other similar law requires it prior to admission of a student.

► **Legal Requirements** - We will disclose health information about you without your permission when required to do so by federal, state, or local law.

### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the practice, the information belongs to you. You have the following rights regarding medical information we maintain about you:

► **Right to Request Restrictions** - You have the right to request a restriction on certain uses and disclosures of your information. If you tell us not to release information to your health plan concerning healthcare items or services you paid for in full out-of-pocket, unless otherwise required by law, we will honor that request. For all other requests, we are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or is otherwise required by law to be disclosed.

► **Right to Inspect and Copy** - You have the right to inspect and copy medical information that may be used to make decisions about your care. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and health information that is subject to a law that prohibits access to health information. You must request to inspect and/or obtain a copy of your health record in writing. If you request a copy of your health information or if you agree to a summary of such information, we will charge a fee for this service. If you request a copy, you will be asked to indicate your preferred format. We will provide copies in your requested format if it is readily producible. If it is not readily producible, we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain your record in an electronic format, we will provide to you, at your option, with either a readable electronic or hardcopy format. We may deny your request under very limited circumstances. Depending on the circumstances, a decision to deny access may be reviewable and you may request that the denial be reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that review.

► **Right to Amend** – You have the right to request an amendment to your health record if you feel the information is incorrect or incomplete. You must make a request for an amendment in writing and provide the reason(s) to support the requested amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our healthcare team, is not part of the information kept by our practice, is not part of the information which you would be permitted to inspect and copy, or if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

► **Right to an Accounting of Disclosures** – You have a right to obtain an accounting of disclosures of your health information. Only certain types of disclosures will be provided, and will not include, for example, certain disclosures required by law not be disclosed or disclosures made for treatment, payment, healthcare operations, or disclosures made to you or others involved in your care. You must make a request for an accounting of disclosures in writing. Your request must state a time period which may not be longer than six (6) years (you may request a shorter time period). If you request more than one accounting in a 12 month period, you may be charged a reasonable fee for preparing the accounting.

► **Right to Request Confidential Communications** – You have the right to request that we communicate your health information to you by alternative means or at alternative locations. We will

accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

▶ **Right to a Paper Copy of this Notice** - You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. You may ask us to give you a copy of this privacy notice at any time by requesting a copy.

▶ **Right to Revoke Authorization** – You have the right to revoke your authorization to use or disclose health information except to the extent that our practice or others have relied upon your prior authorization or consent.

▶ **Breach of Unsecured Health Information** – In the event of a breach of your unsecured health information, our practice is required to notify you of the breach.

▶ **Complaints** – You have the right to complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States. The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You can complain to us and expect an investigation and explanation by calling 954-981-7070 or writing: to our Privacy Officer at the address set forth above. We will not retaliate against you for filing a complaint.