

## **Endocrinology of Central Florida**

### **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. If you have any questions about this Notice, please contact:

Practice Administrator  
109 W. Knapp Avenue  
Edgewater, FL 32132  
(386) 427-4544

#### **Who will follow this Notice:**

This Notice describes our practices and that of:

- Any professional staff authorized to enter information into your medical record
- All other employees and staff of the practice

The professional and non professional staff at our Practice will follow the terms of this Notice.

#### **Our Pledge Regarding Your Health Information:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by us whether made by your personal doctor, other Practice doctors, or Practice staff.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices; and
- Follow the terms of the Notice that is currently in effect.

#### **How We Make Use and Disclose Medical Information About You:**

The following categories describe different ways that we use and disclose medical information. For each category we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

***For Treatment.*** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians or other personnel who are involved in taking care of you. For example, the doctor treating your for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, your doctor may need to tell a dietitian if you have diabetes so that you can be given dietary instructions.

We may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may disclose medical information about you to people outside Endocrinology of Central Florida who may be involved in your continuing medical care, such as a pharmacist, another health care provider to whom you are referred, family members, clergy or others that provide services that are part of your care.

***For Payment.*** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you or a health plan. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and service 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 that we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care without learning who the specific individuals are.

***Indirect Treatment Providers.*** We may disclose medical information about you to other providers who provide you with health care services or supplies as a result of an order from the doctor that is overseeing your care. For example, if your personal doctor orders tests or x-rays, we will disclose medical information to the specialists that interpret those tests or x-rays.

***Business Partners.*** We may disclose medical information to business partners with whom we contract for healthcare related services and supplies such as billing companies, collection agencies, pharmaceutical companies and medical device manufacturers. We will only disclose medical information to such individuals or companies in order to carry out treatment, payment of amounts owed to us, or health care operations as described above. We will have written agreements with all of our business partners to ensure they will protect your privacy and use your medical information only for very limited purposes.

***Appointment Reminders.*** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care. The information we use or disclose will be limited to the date, time and location of the appointment.

***Treatment Alternatives, Health Related Benefits and Other Services.*** We may use and disclose medical information to tell you about or recommend possible treatment options, other providers, other care settings, health related benefits and other services that may be of benefit to you.

***Video, audio, radiographic and photographic recordings.*** Video, audio, radiographic and photographic records are used in various medical procedures, such as x-rays, to record the results of those procedures. Such records are considered part of your medical record just like written text, and will not be used or disclosed except as described in this Notice. Recordings made for research, or for non medical purposes for you or family members, will only be made with your specific permission. In some cases, your doctor or Practice staff may restrict when and how recordings may be made. We may use video cameras in certain public areas and care units to help ensure the safety and security of individuals in our Practice. Recordings from these cameras will be used by only us to identify and correct unsafe condition or investigate possible crimes committed on our premises.

***Individuals Involved in Your Care or Payment for Your Care.*** Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are receiving care from us or another health care provider. 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.

***Research.*** Under very limited circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with individuals' need for privacy. Before we use or disclose medical information for research, the project will be approved through this approval process. We may disclose medical information about you to people preparing to conduct a research project. For example a researcher may need to look for individuals with specific medical needs, so long as the medical information they review does not leave the Practice. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

***As Required By Law.*** We will disclose medical information about you when required to do so by federal state or local law. For example, we are required to make medical records available to a state licensing board to carry out their oversight activities. We are also required by law to report suspected abuse or neglect and injuries that may be the result of unlawful activity.

***To Avert A Serious Threat to Health or Safety.*** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Special Situations:**

***Organ and Tissue Donation:*** We may release medical 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.

***Military and Veterans.*** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

***Workers' Compensation.*** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Activities.*** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect
- To report reactions to medications or problems with products;
- 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;
- To notify the appropriate government authority if we believe an individual has been the victim or abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

***Health Oversight Activities.*** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Lawsuits and Disputes.*** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Practice; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about individuals to funeral directors as necessary to carry out their duties.

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

**Protective Serviced 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 to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release medical information about you to the "correctional institution" or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution or law enforcement personnel.

**Your Rights Regarding Medical Information About You:**

You have the following rights regarding medical information we maintain about you:

**Right to Access Medical Information.** You have the right to access medical information that is used to make decisions about your care. Usually, this includes medical billing records, but does not include psychotherapy notes.

To access your medical information, you must submit your request in writing to the address listed at the top of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by management will review your request and the denial. The person

conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

***Right to Amend Medical Information.*** If you feel that medical 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 us. To request an amendment, your request must be made in writing and submitted to the address listed at the top of this Notice. 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 or for us;
- Is not part of the information which you would be permitted to access; or
- Is accurate and complete.

***Right to an Accounting of Disclosures.*** You have the right to request an “accounting of disclosures.” This list of the disclosures we made of medical information about you, other than for treatment, payment or healthcare operation as described above.

To request this list or accounting of disclosures, you must submit your request in writing to the address listed at the top of this Notice. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the medical 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 medical 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.

We are not required to agree to your request. 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 address listed at the top of this Notice. 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.

***Right to Request Confidential Communication.*** 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 ask that we contact you at work or by mail.

To request confidential communication, you must make your request in writing to the address listed at the top of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

***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. To obtain a paper copy of this Notice, make your request to the address listed at the top of this Notice.

***Changes to this Notice.*** We reserve the right to change this Notice. We reserve the right to make revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in prominent locations at our Practice. The Notice will contain the effective date of the last page.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint. To file a complaint with our Practice, contact us at the address at the top of this Notice. To file a complaint with the Secretary of the U.S. Department of Health and Human Services, write them at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independent Ave, S.W.  
Room 509F HHH Building  
Washington, D.C. 20201

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

***Other uses of Medical Information:*** Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical 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.

**NOTICE EFFECTIVE DATE: July 15, 2006**