

FAMILY PHYSICIANS GROUP

YOUR PATIENT-CENTERED

MEDICAL HOME

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 MEDICAL INFORMATION:

We understand that medical information about 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 at our office. 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 our office and explains 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 federal and state law to maintain the privacy of your PHI. We are also required by law to provide you with this Notice of our legal duties and 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.

This notice is mandated by the Health Insurance Portability and Accountability Act of 1996. This notice is effective April 14, 2003.

HIPAA Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We will make a good faith effort to obtain a written acknowledgement that you received this Notice of Privacy Practices for Protected Health Information the first time we provide services to you after April 14, 2003 or as soon as reasonably practicable under the circumstances.

Uses and Disclosures of Protected Health Information.

Your protected health information may be used and disclosed by your physician, or office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care bills and to support the operation of the physician's practice. Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

> Treatment.

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, we may disclose your health information to other physicians who may be treating you, or to a laboratory that may be providing assistance with your health care diagnosis or treatment.

> Payment.

We may use and share your health information, as needed, to obtain payment. This may include sharing information about your tests and care to your insurance company to arrange payment for your services. We may disclose your information with our business partners that help us with billing and claims. These businesses are under contract with us to protect the privacy of your information.

➤ **Healthcare Operations.**

We may use or disclose, your health information in order to support the business activities of the surgical practice. These activities could include; quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. Whenever your health information is disclosed to "third-party" business associate, we will have a written contract that will protect the privacy of your information. We may use your health information to provide you with information about treatment alternatives or other health-related benefits. This may include information regarding products or services that we believe may be beneficial to you.

➤ **Other Permitted and Required Uses and Disclosures that may be made without Your Consent, Authorization or Opportunity to Object.**

We may use or disclose your health information in the following situations without your acknowledgement or authorization:

➤ **Required by Law.**

We may use or disclose your health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosure.

➤ **Public Health.**

We may use or disclose your health information for public health activities such as reporting diseases, injuries, or disabilities. This would include reporting your information to a person who may have been exposed to a communicable disease. For deceased patients, we may be required to disclose your information to coroners, and funeral directors.

➤ **Organ Donation.**

We may disclose your health information if needed to arrange for organ or tissue donation from you or to give a transplant to you.

➤ **Legal Cases or Law Enforcement.**

We may disclose your health information as needed to report wounds, injuries and crimes, if there is a suspicion of child abuse or neglect, if we believe you are a victim of abuse, neglect or domestic violence, if we have received a court order, administrative tribunal, subpoena, discovery request or other lawful process.

➤ **Food and Drug Administration.**

We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects, product recalls, or to make repairs or replacements.

➤ **Health Oversight.**

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. This disclosure could go to government agencies that oversee the health care system and government benefit programs.

➤ **Military Activity and National Security.**

We may disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for a determination by the VA of your eligibility for benefits, or for national security and intelligence activities, including for the provision of protective services to the President.

➤ **Workers' Compensation.**

We may disclose your health information to workers' compensation agencies if needed for benefits determination.

➤ **Inmates.**

We may use or disclose your health information if you are an inmate of a correctional facility and your physician created or received your information in the course of providing care to you.

➤ **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.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

➤ **Right to Inspect and Copy.**

In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

> **Right to Amend.**

If you feel that there is a mistake or missing information in our record of your PHI, you may ask us to correct or add to the record. Your request must be made in writing, and you must provide a reason that supports your request. We may deny your request under certain circumstances. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response you provide, appended to your PHI.

> **Right to Know What Health Information We Have Released.**

You have the right to ask for a list of disclosures made of your PHI made on or after April 14, 2003 for purposes other than those listed in the Privacy Notice. You must request this list in writing and state the period of time the list should cover for a period of no longer than six (6) years. The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs 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 ask us to limit how your PHI is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom the limits apply. For example, you could ask that we not disclose to your spouse information about a blood test you received. We are not required to agree to your request. If we agree however, we will comply with your request unless the information is needed to provide you emergency treatment or the information can be disclosed without your authorization.

> **Right to Confidential Communications.**

You have the right to ask that we communicate with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make your request in writing. You will not have to explain the reason for your request. We will honor all reasonable requests.

> **Right to Authorize Release of Information:**

Other releases of your PHI can be made only if you request it and you can change your authorization at any time.

> **Right to a Paper Copy of This Notice.**

You have the right to a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our Website listed below. To obtain a paper copy of this notice, contact the State's Privacy Officer listed below. We reserve the right to change our privacy practices and this notice at anytime. We will post a copy of the current notice in all of our offices and at the Department's website.

HOW TO GET MORE INFORMATION OR COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any question about this notice, please contact the PRIVACY OFFICER listed below. If you believe we have violated your privacy rights, you may file a written complaint with the either of the agencies listed below. You will not be retaliated against by filing a complaint.

Family Physicians Group Privacy Officer
6416 Old Winter Garden Road
Orlando, FL 32835
#407- 293-2930

U.S. Department of Health & Human Services
200 Independence Ave. SW
HHH Building, Room 509H
Washington, DC 20201

866-627-7748 TTY 886-788-4989