



## **Notice of Privacy Practices**

**Privacy Notice - Effective Date: 09/23/2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE DISCLOSED UNDER THE HIPAA PRIVACY ACT OF 2013. IT DESCRIBES HOW YOU CAN GET ACCESS TO YOUR INFORMATION. These policies may be changed as the need arises.**

### **OUR OBLIGATIONS**

**We are required by law to:**

- **Maintain the privacy of protected health information**
- **Provide our patients with notice of our legal duties and privacy practices**
- **Provide you with information on disclosures of your PHI (Personal Health Information) to our Business Associates who have contracts with us**
- **Follow the terms of our notice in compliance with the current HIPAA HITECH ACT and Privacy Policies**

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

**WE WILL USE AND DISCLOSE HEALTH INFORMATION (PHI) ONLY WITH WRITTEN PERMISSION FROM OUR PATIENTS.** You may revoke this permission at any time by writing to our privacy officer. If you revoke this authorization we will no longer use or disclose PHI for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have made prior to your revocation. We are required to maintain records of the care we provided you.

#### **FOR TREATMENT**

We may disclose your PHI (Personal Health Information) for your treatment, to receive payment from you, and to an insurance or third party for treatment and services you received. We can disclose to doctors, nurses, medical technicians, and other personnel involved in your medical care. NOTE: You can block insurance and third party payers from receiving this information with notification to us when you are paying for services fully out of pocket.

#### **FOR PAYMENT**

We may disclose PHI so that we or others may receive payment for services unless you are paying out of pocket and have asked us not to disclose this information.

#### **HEALTH OPERATION**

We may share information with other entities that have a healthcare delivery relationship with you. We may share with state and federal public health entities for epidemiological and surveillance of disease outbreaks.

#### **APPOINTMENT REMINDERS TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS**

We may use and disclose PHI to contact you to remind you of an appointment with us, tell you about treatment alternatives or health related benefits.

### **DESCENDANTS, INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR CARE**

When appropriate, we may share PHI with a person who is involved in your care or payment for your care such as a family member or close friend. We may also notify your family about your location or general condition or disclose such information to an entity assisting in disaster relief efforts.

### **RESEARCH**

The use of research leads to developing new knowledge to improve healthcare. We may ask you to allow us to use your PHI for research studies if they meet the federal and state requirements and use your information in a delimited (de-identified) data format. We will not allow the use of your PHI for marketing and will consider this a breach by any entity with a BA agreement doing so.

### **HEALTH INFORMATION EXCHANGE/REGIONAL HEALTH INFORMATION ORGANIZATIONS**

Federal and state laws may permit us to participate in organizations with other healthcare providers and other healthcare industry participants in order to share PHI with one another to accomplish the goal of increasing access to your PHI; aggregate and compare your information for quality improvement purposes as is permitted by law.

### **SPECIAL SITUATIONS FOR DISCLOSURE**

We are required under international, federal, state and local laws to disclose PHI:

- **To avert serious threats to health and public safety** as in the case of epidemics, child abuse or neglect, report deaths or births or injury due to natural disasters. Public Health entities may also be involved in health oversight activities
- **Business Associate (BA's) that perform functions associated on our behalf** to provide us with services. All our BA's are obligated under contract to not disclose PHI
- **Organ and Tissue Donation entities handling the procurement, banking or transportation of the organ**
- **Military & Veteran entities with direct command authority over our patient**
- **Workers Compensation programs may receive information related only to a specific work related injury**
- **Data Breach Notification Purposes** - to provide legally required notices of unauthorized access to or disclosure of PHI to the secretary of OCR (Office of Civil Rights) and HHS (Health and Human Services)
- **Lawsuits and Disputes** - if you are involved in a lawsuit we may disclose PHI in response to a subpoena, discovery request, or other lawful process in the dispute. This will only happen if efforts are made by us to notify you of the request.
- **Law Enforcement** - We may release information to a law enforcement official if the information is in response to: 1. A court order 2. Limited information to identify and locate a suspect, fugitive, material witness or missing person 3. About the victim of a crime 4. About a death we believe may be a part of some criminal activity 5. Criminal conduct on our premises 6. In an emergency to report a crime, it's location or victims and the location of the person who committed the crime.
- **Corners, Funeral Directors and Medical Examiners** - this information may be necessary to identify a deceased person and the cause of death. This information is necessary for the Funeral director to complete a death certificate.
- **National Security and Intelligence Services** - PHI may be released to federal officials for intelligence, counter intelligence and other national security activities authorized by laws.
- **Inmates or Individuals in Custody** - if you are an inmate of a correctional institute receiving our medical services, we may release PHI in order for the institution to provide you with health care to protect your health and that of other inmates and the safety and security of the correctional institution.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

**These disclosures of PHI require your written consent:**

1. Use and Disclosure of Psychotherapy notes
2. Use and Disclosure of HIV laboratory test results
3. Use and Disclosure for marketing purposes
4. Use and Disclosure of any Genetic Information under (GINA ACT)

**PATIENTS RIGHTS CONCERNING PHI**

**Of the PHI**

1. **Right to Inspect and Copy** - your medical and billing records under than psychotherapy records. We have up to 30 days to make the information available and we may charge for the copies. We may not charge a fee if you need the records for Social Security or any other federal or state needs based benefit programs. We may deny the request to information that was not created by this entity
2. **Right to an Electronic Copy of Electronic Medical Records** - if we have your health information in an electronic medical records (EMR), you have a right to receive a copy given to you in an electronic format or transmitted to you or another entity. We may charge a reasonable cost based fee for the labor associated with transmitting or delivering the PHI in an electronic format. *We will make every effort to provide access to your PHI in the form or format you requested if it is readily available in such a format in this facility*
3. **Right to get notice of a Breach-involving unsecured PHI**
4. **Right to Amend** - you have a right to ask for an amendment of PHI information kept by our office. **This request must be made in writing to the office manager**
5. **Right to Accounting of Disclosures** - we will supply you with a list of disclosures we made for treatment, payment or other health operations for which you provided written authorization or they were covered by law. Accounting disclosure requests must be submitted in writing to the office manager
6. **Right to Request Restrictions** - you have the right to request a restriction or limitation on any disclosure of your PHI. Request for restrictions need to be made in writing. We are required to agree to your request if you are requesting restricting the disclosure to a health plan for payment or health operation purposes and the information you wish to restrict pertains solely to a health care item for which you have paid "out-of-pocket"
7. **Right to request confidential information** - you have the right that we communicate your medical matters with you in a certain way or location. To request confidential communication you must make your request in writing
8. **Right to a Paper Copy of this Notice**

**CHANGES TO THIS NOTICE MAY BE MADE AT ANY TIME** - This notice will be posted and available in paper copy at any time.

**COMPLAINTS - We will not penalize you for filing a complaint**

**DR. KAMEL, Privacy Officer, 410 West 19th Street, Panama City, FL 32405 (850) 522-5490**  
**File a complaint with the Secretary of Human Services: Secretary of the US Department of Health and Human Services, 200 Independence Ave. S.W. Washington, and D.C. 20201**

Signature: \_\_\_\_\_

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