

## NOTICE OF PRIVACY PRACTICES

### Suncoast Orthopaedic Surgery & Sports Medicine

#### NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: APRIL 14, 2003

LAST REVISED: MARCH 23, 2013

This NOTICE describes how your medical information may be used and disclosed and how you can get access to that information. It applies to the health information used to make decisions about your care that this office generates or maintains.

Please review it carefully.

This office is required by law to protect the privacy of your health information, give you a Notice of our office legal duties and privacy practices, and follow the current Notice. It will be followed by all employees, students, and volunteers of the health care components of this office, which include, but are not limited to, our administrative and operations administrative staff.

#### **1. Uses and Disclosures of Your Health Information**

The following categories describe some of the ways that this office may use and disclose your health information.

**Treatment:** this office will use your health information to provide you with medical treatment/services and for treatment activities of other health care providers. *Example:* Your health information may be used by other this office employees involved in your care.

**Payment:** this office may use your health information for payment activities, such as to determine plan coverage, to bill/collect, or to help another health care provider with payment activities. *Example:* Your health information may be released to an insurance company to get pre-approval of or payment for services.

**Operations:** this office may use your health information for uses necessary to run its healthcare businesses, such as to conduct quality assessment activities, train, or arrange for legal services. *Example:* this office may use your health information to conduct internal audits to verify proper billing procedures.

**Business Associates:** this office may disclose your health information to other entities that provide a service to this office or on this office's behalf that requires the release of your health information, such as billing service, but only if this office has received satisfactory assurance that the other entity will protect your health information.

**Individuals Involved in Your Care or Payment for Your Care:** this office may release your health information to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

**Directory:** this office may include your name, location, general condition, and religious affiliation in a directory if you are staying overnight. Your religious affiliation may be given to a clergy member, even if you are not asked for by name, and your other information may be released to people who ask for you by name. *If you do not want to be in the directory,* notify us when you register at the facility and complete an "opt out" form.

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**Research:** this office may use and disclose your health information to researchers for research. Your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with making sure the disclosure will not pose a great risk to your privacy or that steps are being taken to protect your health information, to researchers to prepare for research under certain conditions, and to researchers who have signed an agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

**Organ and Tissue Donation:** If you are an organ donor, this office may release health information to organ donation banks or organizations that handle organ or tissue procurement or transplantation.

**Fundraising/Marketing:** this office may use (or release to an office-related foundation) certain information such as your name, address, department of service, and treatment dates for fundraising. If you do not want to be contacted for fundraising efforts, notify this office's Privacy Official. This office will not use your health information to contact you for marketing purposes or sell your health information without your written permission.

**2. Uses and Disclosures of Health Information Required/Permitted By Law:** The following categories describe some of the ways that this office may be allowed or required to use or disclose your health information.

**Required by Law/Law Enforcement:** this office may use and disclose your health information if required by federal, state, or local law, such as for workers' compensation, and if requested by law enforcement officials for purposes such as responding to a court order.

**Public Health and Safety:** this office may use and disclose your health information to prevent a serious threat to the health and safety of you, others, or the public and for public health activities, such as to prevent injury. *Example:* Florida law requires this office to report birth defects and cases of communicable disease.

**Food & Drug Administration (FDA) and Health Oversight Agencies:** this office may disclose health information about incidents related to food, supplements, product defects, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements; and to health oversight agencies for activities authorized by law, such as audits.

**Lawsuits/Disputes:** If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, this office may disclose your health information under a court/administrative order, subpoena, or discovery request after attempting to inform you of the request.

**Coroners, Medical Examiners, and Funeral Directors:** this office may release your health information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

**National Security/Intelligence Activities and Protective Services:** this office may release your health information to authorized national security agencies for the protection of certain persons or to conduct special investigations.

**Military/Veterans:** this office may disclose your health information to military authorities if you are an armed forces or reserve member.

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**Inmates:** If you are an inmate of a correctional facility or are in the custody of law enforcement, this office may release your health information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

**Florida law requires that this office inform you that health information used or disclosed may indicate the presence of a communicable or non-communicable disease. It may also include information related to mental health.**

**If this office wants to use and/or disclose your health information for a purpose not in this Notice or required/permitted by law, this office must get specific authorization from you for that use and/or disclosure, and you may revoke it at any time by contacting the office Privacy Official.** This office must obtain your authorization to use or disclose your psychotherapy notes, unless the use is for Treatment by your provider.

**3. Your Rights Regarding Your Health Information:** You have the rights described below in regard to the health information that this office maintains about you. You must submit a written request to exercise any of these rights. Forms for this purpose are available at any of the locations where this office provides medical services. You also can get the forms //add in here//

**Right to Inspect/Copy:** You have the right to inspect and get a copy of health information maintained by this office and used in decisions about your care. This right does not apply to psychotherapy notes and certain other information. By law, this office may charge in advance \$1.00 for the first page, \$.50 for additional pages, up to \$5.00 per x-ray, image, or slide, and \$.12 cents per digital page, plus postage, payable prior to the release of the requested records (or those amounts permitted by current law). This office may deny your request in certain circumstances. You may request a licensed health care professional chosen by this office to review a denial based on medical reasons; this office will comply with this decision.

**Right to Amend:** If you believe health information this office created is inaccurate or incomplete, you may ask this office to amend it. This office cannot delete or destroy any information already included in your media record. You must provide a reason for your request. This office may deny your request if you ask to amend information that this office did not create (unless the person or entity that created the information is not available to make the amendment); that is not part of the health information this office maintains; that is not part of the information you are permitted by law to inspect and copy; or that is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to ask for a (free) list of disclosures this office has made of your health information. This office is not required to list all disclosures, such as those you authorized. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, this office may charge you for the cost of the list. This office will tell you the cost; you may withdraw or change your request before the copy is made.

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**Right to Request Restrictions:** You have the right to request a restriction or limit on how this office uses or discloses your health information. You must be specific in your request for restriction. You may restrict disclosure of your health information to a health plan if you choose to pay out-of-pocket in full for the services at the time they are provided. This office is not required to agree to every request. If this office agrees or is required to comply, this office will comply with the request unless the information is required to be disclosed by law or is needed in case of emergency. *Example:* You may want to pay cash in advance for services rather than have your insurance billed.

**Right to Request Confidential Contacts:** You have the right to request that this office contact you about medical issues in a certain way, such as by mail. You must specify how or where you wish to be contacted; this office will try to accommodate reasonable requests.

**Right to a Copy of This Notice:** You have the right to a paper or electronic copy of this Notice, which is posted and available at each location where medical services are provided and is on this office's website or both.

**4. Changes to this Notice:** this office reserves the right to change this Notice and to make the revised Notice effective for health information this office created or received about you prior to the revision, as well as to information it receives in the future. Revised Notices will be posted and available at each location where medical services are provided and on this office's website.

**5. Right to be Notified.** This office will notify you if your unsecured health information is breached.

**6. Complaints.** If you believe your privacy rights have been violated, you may file a complaint with this office's Privacy Official or with the Secretary of the Department of Health and Human Services, Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056; (214) 767-8940 TDD. Submit a written complaint within 180 days of when you knew or should have known of the circumstance leading to the complaint. **You will not be retaliated against for filing a complaint.**

**Office of Compliance**

**SUNCOAST ORTHOPAEDIC SURGERY AND SPORTS MEDICINE**

**Phone: 941-485-1505**

**Fax: 941-492-4065**