

**Kissimmee Primary Care
1520 N John Young Pkwy
Kissimmee, FL 34741**

Our Responsibilities: State and Federal law requires us to maintain the privacy of your health information and to inform you about our privacy practices providing you with this letter. "Protected Health Information" (PHI) 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 to health care services. This notice takes effect April 14, 2003 and will remain in effect until we replace it. We have the right to change our private practices provide law permits the change. Before we make a significant change, these notices will be amended to reflect the change and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms our Notice effective for all information maintained, created, and/or received by us before the date changes were made. For more information about our privacy practices or for additional copies of this notice, please contact us by using the information listed at the end of this notice. **Uses and disclosure of protected health information:** We will keep your health information confidential, using it only for the following purposes: Treatment: We may disclose your PHI to a physician or other health care provider providing treatment to you. We may use or disclose your PHI to a health care provider so that we can make prior authorization decisions under your health benefit plan. **Payment:** We may use or disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject or coverage for claims, issuing premium billings, reviewing services for medical necessity, and performing utilization review of claims. **Health Care Operations:** We may use and disclose your PHI in connection with our health care operations. These activities may include providing participant services, responding to complaints, and appeal from participants, providing case management and care coordination under the benefit plans, conducting medical review of claims and other quality assessment and improvement activities establishing premium rates, underwriting, and eligibility criteria. We may also, in our health care operations, disclose PHI to business associated (1) with whom we have written agreements containing terms to protect the privacy of your PHI. We may disclose your PHI to another entity that is subject to the Federal Privacy Rules and that has a relationship with you for its healthcare operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of your health care professionals, case management and care coordination, or detecting or preventing health care fraud and abuse. **On Your Authorization:** You may give us written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclose your PHI for any reason except those described in this notice or required by law. We will make disclosures of any psychotherapy notes we may have only if you provide us with specific written authorization or when disclosure is required by law. **Personal Representatives:** We will disclose your PHI to your personal representative when the personal representative has been properly designated by you and the existence of your personal representative is documented to us in writing through a written authorization. **Disaster Relief:** We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. **Public Benefit:** We may use or disclose your PHI as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law:
- For public health activities, including disease and vital statistic reporting, child abuse reporting, certain Food and Drug Administration (FDA) oversight purpose with respect to an FDA – regulated product or activity, and to employers regarding work – related illness or injury required Under the Occupational Safety and Health Act (OSHA) or other similar laws;
- To another government agency that is administering a government program providing public benefits if that government agency serves the same or similar populations and the disclosure of PHI is necessary to coordinate the covered functions of such programs;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court or administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crime on our premises, reporting crimes in emergencies, and for the purpose of identifying or locating a suspect or other person;
- To avert a serious threat to health or safety
- To the military and to federal officials for lawful intelligence, counterintelligence, and nation security activities
- To correctional institutions regarding inmates, and
- As authorized by and to the extent necessary to comply with state worker's compensation laws.

We will make disclosures for the following public interest purposes, only if you provide us with a written authorization or when disclosure is required by law:

- To coroners, medical examiners, and funeral directors;
- To an organ procurement organization, and
- In connection with certain research activities.

Use and Disclosure of Certain Types of Medical Information: For certain types of PHI, we may be required to protect your privacy in more strict ways that we have discussed in this notice. We must abide by the following rules for our use or disclosure of certain types of your PHI.

- **HIV test Information:** We may not disclose the result of any HIV test or that you have been the subject of an HIV test unless required by law or the disclosure is to you or other persons under limited circumstances or you have given us written permission to disclose.

Signature: _____ **Date:** ____ / ____ / 20____

- **Genetic information:** We may not disclose your genetic information unless the disclosure is made as required by law or you provide us with written permission to disclose such information.
- **Mental Health Information Records:** We may not disclose your mental health information record except to you and anyone else authorized by law to inspect and copy your mental health information records or you provide us with written permission to disclose.
- **Alcoholism or Drug Abuse Information:** We may not disclose any alcoholism or drug abuse information related to your treatment in an alcohol or drug abuse program unless the disclosure is allowed or required by law or you provide us with written permission to disclose.

Individual Rights: You may contact using the information at the end of this notice to obtain the forms described here, explanations on how to submit a request, or other additional information.

Access: You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate form. Copies are \$1 per page and the staff time charged will be \$____ per hour including time required to locate and copy for health information. If you want your copies mailed, your postage cost will be your responsibility.

Disclosure Accounting: You have the right to receive a list of instance since April 14, 2003 in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, health care operations, or as authorized by you, and for certain other activities. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fee structure at your request.

Restriction: You have the right to request that we place additional restrictions on our use or disclosures of your PHI. We are not required to agree to these additional restrictions but, if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to request for additional restrictions must be in writing, signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is in writing.

Confidential Communication: You have the right to request that we communicate with you about your PHI by alternative means if not communicated by the alternative means or to the alternative location you want. You do not have to explain the basis for your requests, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your requests if it is reasonable, specifies the alternative means or locations, and provides satisfactory explanations how payments will be handled under the alternative means or location you request.

Amendment: You have the right, with limited expectations, to request that we amend your PHI. Your request must be writing and amended and the originator remains available of certain other reasons. If we deny your request, we will provide you a written explanation. **Right to receive a copy of this notice:** You may request a copy of our notice at any time by contacting the Privacy Officer. **Questions and Complaints:** If you want more information about our privacy practices or have any questions or concerns, please contact us by using the information listed at the end of this notice. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services; see information at this website: www.hhs.gov. If you request, we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Notice to patient: I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please, print your name here

Date: ____ / ____ / 20____

Signature