

Privacy Notice

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 of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) 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.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our 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, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. As another example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Permitted Uses and Disclosures: We may use or disclose your protected health information in the following situations without your authorization. These situations include:

As Required By Law: We may disclose your protected health information in any circumstances where the law requires us to do so.

Public Health: We may disclose your protected health information for certain public health activities such as preventing or controlling disease, reporting child abuse or neglect, or disclosing potential exposure to a communicable disease.

Abuse or Neglect: We may disclose your protected health information to the appropriate government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Health Oversight: We may disclose your protected health information to agencies responsible for health oversight activities, such as audits, investigations, or licensure actions. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Privacy Notice

Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health 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 (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement: We may disclose your protected health information to law enforcement if asked to for certain reasons, such as to provide evidence about criminal conduct.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information about people who have died to coroners, medical examiners, or funeral directors. We may also make disclosures to agencies that are responsible for getting and transplanting organs.

Research: We may reveal your protected health information in connection with certain research activities after going through a special approval process.

Fundraising: We may use or disclose limited protected health information to communicate with you regarding fundraising, of which you may opt out. We will not condition your treatment or payment options on your decision.

Serious Threats to Health or Safety: We may disclose your protected health information if it is needed to prevent a serious threat to the health or safety of a person or the public.

Specialized Government Functions: We may disclose your protected health information for certain specialized government functions, such as military and veteran activities if you are a member of the armed forces, national security and intelligence activities, and correctional institution activities if you are an inmate.

Workers' Compensation: We may disclose protected health information to workers' compensation programs or other programs which provide benefits for work-related injuries or illness.

To Individuals Involved in Your Care or Payment for Your Care: We may disclose protected health information about you to a friend or family member who is involved in your medical care, or for notice purposes. We may also give information to someone who helps pay for your care. You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

Special Categories of Information: In some circumstances, your protected health information may be restricted in a way that limits some of the uses and disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information—e.g. tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

2. Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice, or the laws that apply to us, **will be made only with your written permission.** Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be a sale of protected health information, require your written permission. If you provide us permission to use or disclose such protected health information about you, **you may revoke that permission,** in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of such protected health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.

Privacy Notice

3. Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right of access to inspect and copy your protected health information.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to any other law that prohibits access to protected health information. You may also request that your PHI be sent to designated individual. However, your request may be subject to denial and the Company may charge a reasonable fee for the fulfillment of your request.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. In most cases, your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional. However, we must agree to your request for a restriction on the disclosure of protected health information to a health plan for a payment or health care operations purpose, and the protected health information relates only to a health care item or service for which we have been paid out-of-pocket in full by you or someone on your behalf.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

4. Changes to this Notice

We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will inform you by mail of any changes, and the new notice will be available upon request. You then have the right to object or withdraw as provided in this notice.

5. Complaints

You may report a complaint to our Privacy Officer at 3700 Commerce Parkway, Miramar, FL 33025 by mail or call 844-215-4264 or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. **We will not retaliate against you for filing a complaint.**

6. Our Legal Responsibilities

We are required by law to maintain the privacy of protected health information, provide individuals with this notice of our legal duties and privacy practices with respect to protected health information, abide by the terms of this notice, and notify affected individuals following a breach of unsecured protected health information. If you have any objections to this form, or would like further information about your rights or our privacy practices under this notice, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Effective Date: This notice became effective on September 23, 2013.