

## NOTICE OF 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**

North Florida Women's Care and its employees are dedicated to maintaining the privacy of your personal health information, as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning your Protected Health Information (defined below). We are required to follow the privacy practices described below while this Notice is in effect.

**What is Protected Health Information?** "Protected Health Information" is information which individually identifies you and which we create or receive from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

**How We May Use and Disclose Your Protected Health Information.** We may use and disclose your Protected Health Information in the following circumstances:

- **For Treatment.** We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you.
- **For Payment.** We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan undertakes before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **For Health Care Operations.** We may use and disclose Protected Health Information for our health care operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors.** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research.** We may use and disclose your Protected Health Information for research purposes, but only if we have protected your identity or received written permission from you or your legal representative.
- **As Required by Law.** We will disclose Protected Health Information about you when required to do so by **international, federal, state, or local law.**
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others.
- **Business Associates.** We may disclose Protected Health Information to our business associates who provide us with services if the Protected Health Information is necessary to perform those services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. We may also provide your Protected Health Information to our accountants, attorneys, and consultants. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, or if you have not indicated that you do not wish to be a donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement

or transplantation (such as an organ donation bank) as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veteran.** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Protected Health Information to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.
- **Abuse, Neglect, or Domestic Violence.** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. For example, these oversight activities include regional poison control centers, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a civil or criminal action, we may disclose Protected Health Information upon the issuance of a subpoena issued by a court of competent jurisdiction and proper notice to you or your legal representative by the party seeking your Protected Health Information. When compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure, we will provide copies of your Protected Health Information to both the defendant and the plaintiff. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit or proceeding.
- **Law Enforcement.** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they may carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### **Use and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out.**

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement with, or payment of, your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations (such as FEMA or Red Cross) that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we are practicably able to do so.

#### **Your Written Authorization is Required for Other Uses and Disclosures.**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes.
2. Uses and disclosures of Protected Health Information for solicitation, marketing, or fund-raising purposes; and
3. Disclosures that constitute a sale of your 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 authorization. If you give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will then no longer disclose Protected Health Information under the authorization. However, disclosure which we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### **Specific Requirements of Florida Law.**

When Florida's laws are more stringent than federal privacy laws, we will follow Florida law.

### **Your Rights Regarding Your Protected Health Information.**

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

- **Right to Inspect and Copy.** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. You must make a written request for access to the Privacy Officer at the address listed at the end of this Notice. We may charge you a fee for reproducing your medical records, to the extent permitted by law. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. Depending on the reason for the denial, another licensed healthcare professional chosen by us may review your request and our denial.
- **Right to Summary or Explanation.** We may provide you with a summary of your Protected Health Information, rather than the entire record, or we may provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will attempt to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, then your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a fee for producing the electronic medical record, to the extent permitted by law.
- **Right to Receive Notice of a Breach.** You have the right to be notified if we or our business associate(s) become aware of a breach of your unsecured Protected Health Information.
- **Right to Request Amendments.** You may ask us to amend the Protected Health Information which you believe is incorrect or incomplete. You have this right for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the end of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, then you have the right to file a statement of disagreement with us, we may prepare a rebuttal to your statement, and we will provide you with a copy of any such rebuttal.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures," which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records. You must make a written request for an accounting, specifying the time period for the accounting, to the Privacy Officer at the address listed at the end of this Notice.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information which we use or disclose for treatment, payment, or health care operations, except in the case of an emergency. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on persons who may have access to your Protected Health Information, you must submit a written request to the Privacy Officer at the address listed at the end of this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, except as stated in the next paragraph. If we agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.
- **Out-of-Pocket Payments.** If you made direct payment in full for a specific item or service, then you have the right to ask that your Protected Health Information which pertains solely to that item or service not be disclosed to a health plan for purposes of payment for health care operations, and we will honor that request.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your home telephone number, and not at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request. Your written request must be made to the Privacy Officer at the address listed at the end of this Notice.
- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

**How to Exercise Your Rights.** To exercise your rights described in this Notice, you must send your request, in writing, to our Privacy Officer at the address listed at the end of this Notice. We may ask you to complete a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To obtain a paper copy of this Notice, contact our Privacy Officer by phone or mail.

**Changes to This Notice.** We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office and on our website, and copies are available upon request.

**Questions and Complaints.** Please contact us if you desire more information about our privacy practices or if you have questions or concerns. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made regarding the use, disclosure, or access to your Protected Health Information, then you may file a complaint with us by contacting our Privacy Officer as follows:

Privacy Officer: Tiana Smith  
 Mailing address: 1401 Centerville Road, Suite 202, Tallahassee, FL 32308  
 Telephone: (850) 877-7241 x8500

You may also file a written complaint with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. Upon request we will provide you with the address to file such a complaint.

We support your right to the privacy of your Protected Health Information. We will not retaliate against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

This Notice is effective September 1, 2013.

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**Acknowledgment.** We will ask you to sign an acknowledgment that you have received this Notice.

I have received, reviewed, and agree to the Privacy Practice Policy of North Florida Women’s Care.

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Patient Name

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Date