

**HIPAA NOTICE OF PRIVACY PRACTICES**  
**For**  
**Primary Care Walk in Clinic**  
**6329 State Road 54**  
**New Port Richey FL 34653**  
  
**11123 County Line Road**  
**Spring Hill FL 34609**

Privacy Officer Name: **Nattu Khaira**  
Telephone Number: 727.844.5555

Effective date: September 15, 2014  
Revised date: July 31, 2023

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.

*If you have any questions about this Notice, please contact our Privacy Officer at the number listed above.*

**Our Commitment to your Privacy.**

Federal regulations, known as the "HIPAA Privacy Rule," require that we provide a detailed notice in writing of our privacy practices. While we know that this Notice is long, the HIPAA Privacy Rule requires us to describe in detail the ways that we may use and disclose your protected health information (PHI), as well our legal duties and your legal rights and with respect to protected health information and applies to all of the records of your care generated by your healthcare provider(s) for our organization. In the event this practice is merged with another organization or sold, your PHI will become part of the new owner. They will be required to protect your information under the same state and federal laws. You will have the opportunity to request your information be directed to a different provider if you choose. Our office may contain open areas whereas conversations may be overheard, we will make every attempt to minimize the exposure of your PHI and if requested; we will relocate to a private room.

**Applicability and Changes to this Notice.** This Notice will be followed by all health care professionals, employees, medical staff, and other individuals providing services to our Practice. We reserve the right to revise or amend this Notice. We will post a current copy of this Notice on our website and in our office. You may also request a copy of the current Notice at any time by reaching out to our privacy officer listed at the top of this Notice.

**What is Protected Health Information (PHI)?**

"Protected Health Information" (PHI) is information that individually identifies you and that we create, or obtain 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.

**Uses and Discloses for Treatment, Payment, and Health Care Operations**

**For Treatment.** Our practice may use a patient sign-in sheet that is visible to other patients. We may use or disclose your PHI for your medical treatment or services and to manage and coordinate your medical care. For example, your PHI 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 or provide you with a service.

**For Payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake 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 Health Care Operations.** We may use or disclose PHI, as needed, in order to support our business activities. These activities may include, but are not limited to quality assessments, employee review activities, licensing, legal advice, accounting support, information systems support, and conducting or arranging for other business activities such as lab or radiology interfaces within the EHR. We may use or disclose, as needed, your health information within a medical group to ensure that they have appropriate information regarding your condition/treatment plan and diagnosis.

**Health Information Exchange (HIE).** We may use or disclose your PHI in connection with an electronic Health Information Exchange ("HIE") in which the Practice participates for treatment, payment and health care operations purposes and other lawful purposes to the extent permitted by law. HIEs make it possible for us to electronically share patients' PHI to coordinate their care, obtain billing information, and participate in quality improvement, public health and population health initiatives, among other purposes. Other healthcare providers (physician practices, ancillary service providers, etc.), health care entities (hospitals, surgery centers, ACOs, etc.), health plans, etc., may also have access to your information in the HIE for similar purposes to the extent permitted by law. The information accessible on the HIE may identify you personally and may include sensitive information (such as information relating to mental health, drug and alcohol treatment, HIV status and sexually transmitted diseases). You have the right to "opt-out" or decline to participate in all HIEs in which the Practice participates. To "opt-out" or decline to participate in the HIE, please notify our Privacy Officer listed at the beginning of this Notice. Please note that if you opt out, your providers may not have the most recent information about you which may affect your care.

**Business Associates (BA).** We may utilize companies that provide services for our organization through written contracts and/or service agreements. Examples of these services include answering services, transcriptionists, billing services, electronic health record, practice management and revenue cycle services, interoperability, data liquidity, data aggregation and population health management services, consultants and legal counsel. We disclose your PHI to our business associates (and our business associates may disclose your PHI to their subcontractors), so that they can perform the services we have requested them to do. To protect your information, we require our business associates and their subcontractors to appropriately safeguard your information and comply with the HIPAA Privacy and Security Rules.

## **Uses and Disclosures That May Be Made *With Your Consent, Authorization or Opportunity to Object***

**Appointment Reminders.** We may communicate with you using various methods to remind you of your appointment such as by telephone, reminder card, text message, or email unless requested otherwise.

**Deceased Individuals.** When an individual is deceased, we may disclose to a family member, close friend, or any other person identified by you who was involved in your care or payment for health care prior to your death, your PHI that is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference by you that is known by us.

**Fundraising initiatives.** If applicable are limited and may require a separate authorization. All fundraising communications will include information about how you may opt out of future fundraising communications. If you elect to opt out of receiving further fundraising communications and we will make reasonable efforts to ensure that no further fundraising communications will be sent to you.

**Immunizations.** The Privacy Rule permits the disclosure of immunization directly to a school that is required by law with the oral or written agreement of a parent or guardian.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you

to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Medical Research.** Under the Privacy Rule, we are permitted to use and disclose PHI for research with an authorization, or without an authorization under limited circumstances. We will only permit disclosure if the research has been approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI.

Even without the approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

If our practice participates in medical research and all patient identifiers have been removed, we are not required under the Privacy Rule to obtain an authorization from you. If you do provide an authorization to use or disclose medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to retrieve any disclosures we have already made with your authorization.

**Psychotherapy Notes.** We need your authorization for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment or health care operations, when required by the Secretary of the U.S. Department of Health and Human Services (the "Secretary") to investigate our compliance with the HIPAA Privacy Rules, or when permitted as required by law, for health oversight, to coroners and medical directors, and to prevent serious threat to health or safety.

**Sensitive Health Information.** The use and certain disclosures of sensitive health information require special authorization. This may include the performance or results from a test or treatment of HIV, HIV related conditions, sexually transmitted diseases, tuberculosis, mental health conditions, domestic violence, or drug/alcohol programs and treatment. We will not share unless we have a written authorization from you or it is required by law.

**Treatment Alternatives and Health-Related Benefits.** We may communicate with you via newsletters, mailings or other means regarding treatment options and information on health-related benefits or services or other activities to include limited marketing in which our facility is participating. You have the right to opt out at any time if you are not interested in receiving these communications, please contact our Privacy Officer.

## Uses and Disclosures That May Be Made *Without Your Authorization or Opportunity to Object*

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

**As required by law.** We may use and disclose health information to the following types of entities, including but not limited to:

- Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability
- Public Health or Legal Authorities charged with notifying such person as necessary in the conduct of a public health intervention or investigation
- Public Health or Legal Authorities to report births and deaths
- An employer, about an individual who is a member of the workforce of the employer, if we provide care at the request of the employer
- Authority that receives reports on abuse, neglect, or domestic violence
- Food and Drug Administration and working with product recalls
- Funeral Directors, Coroners and Medical Directors
- Organ and Tissue Donation Organizations

- Workers Compensation Agents

If you are not present, able to agree or object to the use or disclosure (such as in an emergency situation or a communication barrier), then your healthcare provider may, using professional judgment will determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

**Health Oversight Agencies.** These oversight activities include audits, investigations, inspections, and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Law Enforcement.** In response to a law enforcement official's request for such information to identify or locate a suspect, fugitive, material witness, or missing person, provided that we will only disclose limited information. In emergency circumstances, to report a crime, the location of the crime or the victims; or to report the identity, description or location of the person who committed the crime.

**Legal Proceedings.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. We will make an effort tell you about the request for you to obtain an order protecting the information requested.

**Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Specialized Government Functions.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**State-Specific Requirements.** Many states have reporting requirements which may include population-based activities relating to improving health or reducing health care costs, cancer registries, birth defect registries and others.

## Your Health Information Rights

Although your health record is the physical property of the practice that compiled it, you have the right to:

**Right to Access.** You and/or your personal representative have the right to access, review, and request copies of your PHI that we maintain in a designated record set (DRS), subject to some exceptions. If you would like to access or request copies of your PHI, please send your request in writing to the Privacy Officer. As permitted by applicable law, we may charge you a cost-based fee for providing you with copies of your PHI.

We may deny your request to inspect and copy in limited circumstances to include release of psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

The information we gather will be shared with you if permitted by law.

**Right to Obtain an Electronic Copy of PHI.** You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your PHI is maintained in an electronic format. We will make every attempt to provide the records in the format you request. However, if the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.

**Right to a Summary or Explanation of your PHI.** You have the right to request only a summary of your Protected Health Information if you do not desire to obtain a copy of your entire record. You

also have the option to request an explanation of the information when you request your entire record.

**Right to Request Amendment.** You may request that we amend or change your PHI that we maintain in a designated record set by submitting such request in writing to the Privacy Officer. We may ask your provider(s) to review amendment requests to the medical record. We may not agree or be required to agree to your request(s) for specific reasons, if this occurs, you will be informed of the reason(s) for the denial.

**Right for an Accounting of Disclosures.** You have the right to request an accounting of our disclosures of your medical information; the list will not include disclosures to carry out treatment, payment, health care operations, or disclosures authorized by you. This request must be in writing and a time period, but may not be longer than six (6) years from the date of your request. Our Practice will provide the first accounting to you in any 12-month period without charge, upon receipt of your written request. For subsequent requests for an accounting within the 12-month period you will be charged a reasonable cost-based fee.

**Right to Revoke Authorization.** After providing our Practice with your authorization to use and disclose your PHI, you may, at any time, revoke such authorization regardless of whether your initial authorization was given verbally or in writing. To revoke your authorization, you must submit your request in writing to the Privacy Officer.

**Right to Breach Notification.** In the event there has been a breach of unsecured PHI identified on behalf of our organization or a BA you will be notified within 60 days of the breach unless our state law is more stringent, then we will abide by our state law. In addition to your individual notification, we may be required to meet further reporting requirements set forth by state and federal agencies. We will inform you of what steps you may need to take to protect yourself.

**Right to Request Restrictions.** You have the right to request a restriction or limitation of your medical information we use or disclose about you for treatment, payment, or health care operations.

*Restrictions from your health plan (insurance company):* You have the right to request that we restrict disclosure of your medical information to your health plan for covered services, provided the disclosure is not required by other laws. Services must be paid in full by you, out of pocket. We will say "yes" unless a law requires us to share that information.

*Other Restrictions, Limiting Information:* You also have the right to request and limit any medical information we disclose about you to someone who may be involved in your care or the payment of your care, such as a family member or friend. We ask that you submit these requests in writing. We are not required to agree to your request, and we may say "no" if it would affect your care.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternate phone number or address. We ask that you submit these requests in writing.

**For More Information or to Report a Problem.**

If you have questions or want to exercise any of your rights, please submit your request in writing to the practice's Privacy Officer indicated at the top of this notice. If you believe that your privacy rights may have been violated, you may file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services.

All complaints must be submitted in writing within 180 days of when you knew that the act or omission occurred. We will not withhold treatment or retaliate for filing a complaint.

**Notice of Privacy Practices Acknowledgement**

\_\_\_\_ I acknowledge that I have received a copy of the Notice of Privacy Practices.

Print Name: \_\_\_\_\_

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

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