



HIPAA OMNIBUS NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Each time you visit a health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of protected health information, provide a description of our privacy practices with respect to protected health information, and notify affected parties in the event of an unsecured breach of protected health information. We will abide by the terms of this Notice.

USES AND DISCLOSURES

How we may use and disclose Health Information about you: The following categories describe examples of the way we use and disclose health information:

Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, and x-rays. We may also provide a subsequent health care provider with copies of various reports that should assist in treating you.

Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about treatment for payment to us or reimbursement to you. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and students for educational purposes. And we may combine health information we have with that of other affiliated facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Business Associates: There are some services provided in our organization through business associates we have contracted with to perform the agreed upon services and billing where in the course of their work will directly or indirectly use, transmit, copy, view, transport, interpret or process PHI. They are prohibited from re-disclosing PHI and are bound by a Business Associate Agreement requiring them by federal law to appropriately safeguard your information.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Victims of abuse, neglect, or domestic violence. We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

Oversight Agencies. Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations; inspections; licensures or disciplinary actions; and for similar reasons related to the administration of healthcare.

Judicial/Administrative proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

Coroners, Medical Examiners and Funeral Directors. We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Specialized Governmental Functions. We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Correctional Institutions. If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Workers Compensation. We may disclose your protected health information to comply with Workers Compensation.

ADDITIONAL USES AND DISCLOSURES

Appointment reminders. Although we are not required to Your health information will be used by our staff to send you appointment reminders. When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine or voice mail.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition, health-related products and services, health-related benefits, possible treatment alternatives, population based activities relating to improving health or reducing health care costs, conducting training programs or reviewing competence and satisfaction of health care professionals.

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

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

Organized Health Care Arrangement: This facility and its medical staff members have organized and are presenting you this document as a joint Notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

Affiliated Covered Entity: Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Facility Privacy Official for further information on the specific sites included in this affiliated covered entity.

As Required by Law, we may also use and disclose health information for the following types of entities, including but not limited to:

- ◆ Food and Drug Administration
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities
- ◆ National Security and Intelligence Agencies
- ◆ Protective Services for the President and Others

Other uses and disclosures of health information not covered by this Notice (including psychotherapy notes) or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. 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.

YOUR INDIVIDUAL RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right To:**

- ◆ **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- ◆ **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for an amendment must be sent in writing to the Facility Privacy Official. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- ◆ **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.
- ◆ **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the 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. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Facility Privacy Official.

We are required to agree to your request **only** if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid out-of-pocket in full. **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- ◆ **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. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- ◆ **A Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice.

You may print or view a copy of this Notice by clicking on the Notice of Privacy Practices link on our Company's website at www.FloridaPainMedicine.com.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current Notice will be posted in the facility and on our website and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a comment or complaint about our privacy practices by mail to Florida Pain Medicine, Attention: Corporate Privacy Officer, 2553 Windguard Circle, Wesley Chapel, Florida 33544 or by email to www.customerservice@floridapainmedicine.com noting in the Subject line "Attention: Corporate Privacy Officer" and/or by written communication to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.