

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**Effective: April 14, 2003**

**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 the Privacy Officer at:

**North Brevard Medical Support, Inc.  
951 North Washington Ave.  
Titusville, Florida 32796  
(321) 268-6333 ext 8574  
Patricia E. Wallis, Director  
NBMS Physician Practice Management**

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes our group's practices and that of:

Any healthcare professional, employee, contractor, or other agent of medical practice authorized to enter information into your patient medical record ("chart").

All specialists or primary care consultants with whom we deal or who may assist in or consult with us on your care and treatment.

Any intern, resident, medical student, healthcare professional student, or member of a volunteer group we allow to help you while you are a patient of any NBMS physician office.

In addition, we may share medical information with any of your other treating healthcare providers, hospitals, or physicians, HMO's, managed care plans, insurers or to other third party payers, for treatment, payment or health care operations purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our office, whether made by NBMS, our personnel, or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that are currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, health care professional students, or other medical practice personnel who are involved in your treatment while in the care of any NBMS doctor. For example, a doctor treating for cancer may need to know if you have any melanoma or other skin cancers because it is spread to other areas of the body. We also may share medical information about you in order to coordinate the different things you need, such as laboratory tests. We also may disclose medical information about you to people outside of NBMS offices, who may be involved in your medical care after you leave NBMS, such as family members, clergy or others we use to provide services that are part of your care.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at NBMS may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health insurance company information about medical treatments you received at NBMS so your health insurance company will pay us or reimburse you for treatments. We may also tell your insurance company about a treatment you are going to receive in the near future to obtain prior approval or to determine whether your policy or plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run NBMS and make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other office staff for educational purposes. We may also combine the medical information we have with

medical information from other medical groups for improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so that others may use it to study health care and health care delivery without learning who the specific patients are. We may leave messages on an answering machine or voice mail to return our call regarding tests results, payment/insurance information.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at NBMS. We will mail annual exam reminders. We may leave messages on an answering machine or voice mail for appointment reminders.

**Treatment Alternatives.** We may use and disclose medical information to you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family, friends, or clergy members about your condition and that you are being treated by NBMS. In addition, we may disclose medical information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition, status, and location.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients need for privacy of their medical information. Before we use or disclose medical information for research, the project will most likely have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the NBMS office. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at NBMS.

**Photographs.** Any photographs sent to us by patients, such as baby photos, may be displayed on our bulletin board.

**As Required by Law.** We will disclose medical information about you when required to do so by federal, state, or local law.

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

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement of organs, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. However, if the Department of Health is investigating abnormal drug activities of the medical practice, we will only release your records to the Department of Health with your authorization.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at NBMS; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medial examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. WE may also release medical information about patients from NBMS; to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information 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.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information 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.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect in the presence of an office employee and request a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at NBMA. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by NBMS will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical 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 NBMS.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at NBMS. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment and we agree, in our sole discretion, that the amendment is correct and should be made;
- Is not part of the medical information kept by or for BMS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is already accurate and complete, as we may determine in our sole discretion.

**Right to an Accounting of Disclosure.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at NBMS. Your request must state a time period. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right To Request Restrictions.** You have the right to request a restriction or limitation on the medical 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 medical 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 do not use or disclose information about treatment you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer at NBMS. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**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. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at NBMS. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Receive a Copy of This Notice.** You have the right to receive a paper copy of this notice at the date you first receive services from NBMS. You may ask us to give you a copy of this notice at any time.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. A copy of the current notice may be found in the reception area of all NBMS offices. The notice will contain on the first page, the effective date. You have the right to request a copy of any changes or revisions at any time.

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