

KAGAN, JUGAN & ASSOCIATES, P.A.
MEDICAL INFORMATION 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.**

WE ARE REQUIRED BY FEDERAL LAW TO PROVIDE THIS NOTICE TO YOU.

Effective Date: January 1, 2014

1. General Information

a. Purpose of this Notice. Kagan, Jugan & Associates, P.A. considers any information that concerns your health, health care or payment for that care to be confidential and protected “medical information.” This information may include your name, address, and other identifying data, or information on your health or the health services that have been or may be furnished to you. This Notice describes Kagan, Jugan & Associates, P.A.’s privacy practices and how we use and disclose your medical information and what rights you have with respect to this information. Kagan, Jugan & Associates, P.A. requires that all of its employees and independent contractors comply with these privacy practices with respect to medical information that is used or disclosed by Kagan, Jugan & Associates, P.A.

b. Acknowledgement of Receipt of this Notice. We are required by federal law to obtain an acknowledgement from you that you received this Notice. Please sign the attached Acknowledgement and return it to the personnel at the front desk.

c. Additional Information. If you have any questions regarding this Notice or would like to discuss any of Kagan, Jugan & Associates, P.A.’s privacy practices or request any additional information regarding any Kagan, Jugan & Associates, P.A. privacy practice or this Notice, please feel free to contact the Privacy Officer: **Elizabeth P. Kagan, Esq., 3210 Cleveland Avenue, Suite 100, Ft. Myers, Florida 33901, 239-466-1161.**

2. The Use and Disclosure of Medical Information for Treatment, Payment and Health Care Operations.

If you request medical care from Kagan, Jugan & Associates, P.A., Kagan, Jugan & Associates, P.A. is allowed to use and disclose your medical information for most purposes related to medical treatment (“Treatment”), the payment for your Treatment (“Payment”) and the operations of Kagan, Jugan & Associates, P.A. and the operations of other covered entities to whom we disclose your medical information (“Operations”). In some situations, Florida law requires us to obtain your written permission before we use or disclose your medical information, such as if the information pertains to HIV, AIDs, substance abuse, mental health or if you are a minor.

Treatment means the provision, coordination or management of health care and related services by or involving Kagan, Jugan & Associates, P.A. and other health care providers, such as the coordination of consultations and

referrals. For example, as part of its Treatment of you Kagan, Jugan & Associates, P.A. may:

- i. Share most medical information regarding your health condition with another provider as part of a consultation;
- ii. Contact you to remind you to make or that you already made an appointment;
- iii. Notify you regarding treatment alternatives or other health-related benefits and services that may be of interest to you; and
- iv. Incidentally communicate information about a patient in the physical therapy center to other patients in the physical therapy center at the same time who overhear such communications.

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Payment means Kagan, Jugan & Associates, P.A.'s activities related to getting paid for the services that it provides to you, such as obtaining reimbursement from Medicare, HMOs, PPOs, managed care companies, insurers or other payers. Payment also includes activities to determine your eligibility for services with your insurance company, coordination of benefits with other insurers, billing, claims management, collection, medical necessity review activities, utilization review activities, and disclosure to consumer reporting agencies. For example, as part of Payment Kagan, Jugan & Associates, P.A. may:

- i. Disclose to your health plan medical information that is required by the plan to show that the services that you request are covered by your health plan; and
- ii. Disclose to your health plan a list of the services that you obtained from Kagan, Jugan & Associates, P.A. so that Kagan, Jugan & Associates, P.A. can be paid by the health plan for providing the services to you.

Operations covers a wide range of activities that are necessary for Kagan, Jugan & Associates, P.A. to operate its business. These activities may be performed by the workforce of Kagan, Jugan & Associates, P.A. or, in some cases, by third-party contractors. For example, these activities include without limitation:

- i. Quality assessment and improvement activities;
- ii. Peer review;
- iii. Credentialing and licensing;
- iv. Training programs;
- v. Legal and financial services;
- vi. Business planning and development;
- vii. Management activities related to the privacy practices of Kagan, Jugan & Associates, P.A.;
- viii. Customer services;
- ix. Internal grievances;
- x. Creating de-identified information for data aggregation or other purposes; and
- xi. Due diligence activities.

3. Authorizations for Other Uses and Disclosures of Your Medical Information. Unless Kagan, Jugan & Associates, P.A. is permitted to use and disclose your medical information for Treatment, Payment or Operations under Section 2 of this Notice, or is permitted or required to use or disclose your medical information under Sections 4 and 5 of this Notice, Kagan, Jugan & Associates, P.A. must obtain your written Authorization to use or disclose your medical information, unless the disclosure is incidental to a use or disclosure otherwise permitted hereunder. We may also request an Authorization when using or disclosing medical information for research purposes or when using or disclosing certain highly protected information, such as psychotherapy notes, substance abuse records, mental health records and HIV and AIDs information. An Authorization is a written document that specifically identifies the information that Kagan, Jugan & Associates, P.A. will use or disclose and when and how Kagan, Jugan & Associates, P.A. will use or disclose it. You may revoke an Authorization at any time except to the extent that we have already used or disclosed information in reliance on your Authorization.

4. Use and Disclosure of Medical Information Without Your Authorization if you Do Not Object Verbally. Under certain circumstances other than Treatment, Payment and Operations, Kagan, Jugan & Associates, P.A. may use or disclose your medical information without any written Authorization from you if Kagan, Jugan & Associates, P.A.

provides you with the opportunity to agree or object verbally or infers your agreement. These circumstances are as follows:

a. To a relative, friend or individual involved in your care. Kagan, Jugan & Associates, P.A. may provide medical information about you to your relatives, friends, or other individuals involved in your care. If necessary to provide you with prompt medical care, unless you object we will leave medical information and laboratory test results on your home telephone voice mail or with individuals who answer your home telephone and who appear to be adults. Additionally, unless you object we will allow such individuals to pick up prescriptions for you. We will attempt to seek, or, in some circumstances, using our professional judgment, will infer your permission to make this disclosure. If we are not able, because of your condition, because you are not immediately present, or for some other reason, we will use our best judgment to determine whether you would want this information shared.

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b. For disaster relief. Kagan, Jugan & Associates, P.A. may use or disclose your medical information to an entity that assists in disaster relief efforts.

5. Use and Disclosure of Medical Information Without Your Authorization and Without an Opportunity to Agree or Object Verbally.

a. As required by law. Numerous state, federal and local laws permit or require certain uses and disclosures of medical information. When so required, Kagan, Jugan & Associates, P.A. will use and disclose your medical information as required by these laws.

b. To Business Associates. Kagan, Jugan & Associates, P.A. will use and disclose your medical information to business associates who perform functions on behalf of Kagan, Jugan & Associates, P.A. if Kagan, Jugan & Associates, P.A. first receives satisfactory assurances that the business associate will safeguard your medical information.

c. For public health activities. Kagan, Jugan & Associates, P.A. may be asked or required by law to disclose medical information for public health activities under the following circumstances:

i. To report a death, disease or injury; ii. As part of a public health investigation; iii. To report adverse events, such as product defects, adverse reactions to medications, to track products or assist in product recalls or repairs or replacements, or to conduct post-marketing surveillance, as required by the Food and Drug Administration; iv. To notify a person about exposure to a possible communicable disease; and v. To your employer if, Kagan, Jugan & Associates, P.A. is conducting an evaluation relating to the medical surveillance of the employer's workplace or to evaluate whether you have a work related injury and only to the extent that the disclosure concerns such surveillance or injury.

d. For health oversight activities. Kagan, Jugan & Associates, P.A. may disclose your medical information to a health oversight agency for activities involved in oversight of the health care system. Such activities may include without limitation:

i. Audits; ii. Government investigations; iii. Inspections, iv. Disciplinary proceedings, and v. Other administrative and judicial actions undertaken by the government (or their contractors)

authorized by law to oversee the health care system.

e. To report victims of abuse, neglect or domestic violence. If Kagan, Jugan & Associates, P.A. believes that you are a victim of abuse, neglect or domestic violence, Kagan, Jugan & Associates, P.A. may report this belief to an authority authorized by law to receive reports of abuse, neglect or domestic violence with your agreement, or if your agreement cannot be obtained, if disclosure is necessary to prevent serious harm to you or another individual or, if you are unable to agree, where a law enforcement official represents that the information disclosed will not be used against you and waiting for your agreement will materially and adversely affect immediate law enforcement activity.

f. For judicial and administrative proceedings. Kagan, Jugan & Associates, P.A. may disclose medical information as required by a court or administrative order, or in some instances pursuant to a subpoena, discovery request or other legal process if Kagan, Jugan & Associates, P.A. receives satisfactory assurance from the party seeking the information that you have been given notice of the request or that reasonable efforts have been made to obtain a qualified protective order.

g. To law enforcement. Kagan, Jugan & Associates, P.A. may disclose medical information to police and other law enforcement officers pursuant to a court order, warrant, subpoena, summons, administrative request or similar legal process to assist in locating or identifying a suspect, fugitive, victim, witness, missing person, or stopping a possible crime or notifying of deaths that may have been caused by criminal conduct.

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h. For research purposes. Kagan, Jugan & Associates, P.A. may participate in medical research projects, such as tracking a particular disease or testing new medications and procedures. Kagan, Jugan & Associates, P.A. may provide medical information to a researcher to allow the researcher to collect information without first obtaining the patients' permission, if the researcher has obtained a special waiver from a committee established under federal law to oversee medical research and the committee has demonstrated that the information is necessary to the research and poses a minimal risk of an inappropriate use or disclosure.

i. To avert a serious threat to health and safety. Kagan, Jugan & Associates, P.A. may use or disclose your medical information to avert a serious and imminent threat to the health and safety of an individual or the public.

j. For military and other specialized government functions.

i. Military Forces. Kagan, Jugan & Associates, P.A. may disclose your medical information if you are a member of the Armed Forces, as deemed necessary by military command authorities, and if you are foreign military personnel to your appropriate authority.

ii. National Security and Intelligence. Kagan, Jugan & Associates, P.A. may disclose your medical information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities, and for protective services to the President and other heads of state or authorized persons.

iii. Correctional Institutions. If you are an inmate, Kagan, Jugan & Associates, P.A. may disclose your medical information to correctional institutions or law enforcement personnel having lawful custody of you for administration and maintenance of the safety, security and good order of the correctional institution; or if necessary to provide health care to you, or to protect you, other inmates, employees and officers of the institution, individuals participating in your transportation, or law enforcement at the institution.

k. For workers' compensation. Kagan, Jugan & Associates, P.A. may share information as authorized by workers' compensation and similar laws that provide benefits for work-related illnesses and injuries.

l. Other permitted disclosures. Kagan, Jugan & Associates, P.A. may disclose your medical information as required or permitted by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act and the applicable federal and state laws, rules and regulations, as amended and interpreted from time to time.

6. Individual Rights. You have the following rights with respect to your medical information:

a. Restrictions. You have the right to request in writing how Kagan, Jugan & Associates, P.A. uses and discloses your medical information. Please contact the Privacy Officer to request such a restriction.

i. Kagan, Jugan & Associates, P.A. does not have to agree to every restriction you request.

ii. Kagan, Jugan & Associates, P.A. must agree to any requests to restrict disclosure of information about you to your health plan, if the disclosure is for the purpose of carrying out payment or health care operations, and the disclosure is not otherwise required by law, and if the information pertains solely to a health care item or service for which you or someone on your behalf other than the health plan has paid Kagan, Jugan & Associates, P.A. in full.

iii. If Kagan, Jugan & Associates, P.A. does agree to a restriction, Kagan, Jugan & Associates, P.A. is bound by the agreement, except in emergency circumstances.

iv. Kagan, Jugan & Associates, P.A. has the right to ask you to revoke a restriction to which Kagan, Jugan & Associates, P.A. previously agreed. Kagan, Jugan & Associates, P.A. can terminate a restriction if you agree to such termination in writing, if you agree verbally and Kagan, Jugan & Associates, P.A. documents such agreement, or if Kagan, Jugan & Associates, P.A., informs you that

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it is terminating such restriction with respect to information received created or received after it informed you of the termination.

b. Confidential Communications. You have the right to request in writing that Kagan, Jugan & Associates, P.A. restrict the way in which Kagan, Jugan & Associates, P.A. communicates information regarding your health, health care services, or payment. For example, you may ask that Kagan, Jugan & Associates, P.A. communicate with you only at your home, not at your workplace. Kagan, Jugan & Associates, P.A. will use reasonable efforts to accommodate your request. Please contact the Privacy Officer to request such a restriction.

c. Access. You have the right to make a written request to inspect and for you or a person you designate to receive a copy of most of your medical information maintained by Kagan, Jugan & Associates, P.A. Generally, Kagan, Jugan & Associates, P.A. will provide you with access, or a copy in the form or format you request if readily producible, within 30 days of your request. Kagan, Jugan & Associates, P.A. will charge you a fee for copying your medical information. In certain limited instances, Kagan, Jugan & Associates, P.A. may deny you access. If Kagan, Jugan & Associates, P.A. denies you access, you have a right to appeal the denial. Please contact the Privacy Officer to request to inspect and/or receive a copy your medical information.

d. Amendment. You have the right to request Kagan, Jugan & Associates, P.A. to amend your written medical information if you provide a written request and a reason to support the requested amendment. For example, you can request that Kagan, Jugan & Associates, P.A. correct an incorrect surgery date in your records. Kagan, Jugan & Associates, P.A. will generally amend your information within 60 days of your request, and will notify you when Kagan, Jugan & Associates, P.A. has amended your information. Kagan, Jugan & Associates, P.A. can deny your request in certain circumstances, such as when Kagan, Jugan & Associates, P.A. believes that the information you want to amend is accurate and complete. You can file a statement of disagreement to a denial. Your request for amendment, our denial, your statement of disagreement, and our rebuttal to your statement of disagreement, if any, will be included with any future disclosures of such information. Please contact the Privacy Officer to request an amendment to your medical information.

e. Accounting. You have the right to request in writing Kagan, Jugan & Associates, P.A. provide you with an accounting of certain disclosures of your medical information made by Kagan, Jugan & Associates, P.A. during the 6 years prior to your request. We will generally provide you with your accounting within 60 days of your request. Kagan, Jugan & Associates, P.A. will provide you with an accounting at no cost to you once every 12 months. For additional accountings, Kagan, Jugan & Associates, P.A. will notify you in advance of the cost and give you an opportunity to continue or withdraw your request.

f. Paper Notice. If you have obtained this Notice electronically, you may obtain a paper copy by contacting the Privacy Officer.

g. Complaints. If you believe that Kagan, Jugan & Associates, P.A. has violated any of your rights with respect to your medical information, you may file a complaint with Kagan, Jugan & Associates, P.A. and/or to the Secretary of the United States Department of Health and Human Services. Please contact the Privacy Officer if you wish to file a complaint with Kagan, Jugan & Associates, P.A.. Kagan, Jugan & Associates, P.A. will not retaliate against you for filing a complaint.

7. Kagan, Jugan & Associates, P.A.'s Duties. Kagan, Jugan & Associates, P.A. is required by law to maintain the privacy of your medical information and, unless you are an inmate, to provide you with this Notice of Kagan, Jugan & Associate's legal duties and privacy practices with respect to your medical information, and to notify you if there is a breach of unsecured medical information. Kagan, Jugan & Associates, P.A. must comply with the Notice currently in effect. Kagan, Jugan & Associates, P.A. reserves the right to change its privacy practices and will revise the Notice if Kagan, Jugan & Associates, P.A. materially changes any use, disclosure, individual right or legal duty or other privacy practice stated in this Notice. If Kagan, Jugan & Associates, P.A. revises a Notice, copies of the revised Notice will be posted in the office and available at the office and from the Privacy Officer. Kagan, Jugan & Associates, P.A. may choose to apply a change in a privacy practice to information that Kagan, Jugan & Associates, P.A. created or received prior to issuing a revised Notice.