

Clermont Internal & Cosmetic Medicine

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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. If you have any questions about this Notice, please contact our office.

This practice creates a medical record of your health information in order to treat you, receive payment for services rendered to you, and to comply with certain policies and laws. We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an Acknowledgment that you received this Notice.

We are required by federal and state law to maintain the privacy of your medical information. Medical information is also called “protected health information” or “PHI.” We are also required by law to notify you if you are affected by a breach of your unsecured PHI.

This is a list of some of the types of uses and disclosures of PHI that may occur:

Treatment: We obtain health information, or PHI, about you to treat you. Your PHI is used by us and others in the process of your treatment. We may also send your PHI to another physician, facility, or counselor to which we refer you for testing, procedures, care or treatment. We may also use your PHI to contact you to tell you about your results, alternative treatments, or other health-related issues. If you have a friend or family member involved in your care, we may give them PHI about you.

Payment: We use your PHI to obtain payment for the services we render. For example, we send PHI to your insurance plan to obtain payment for our services. Also, we may be required to contact your insurance company or their authorized representative to get prior authorization for testing, procedures, hospitalization, or medications.

Health Care Operations: We use your PHI for our operations. Some examples include calling to confirm appointments, relay test results, employee review activities. We will share your PHI with third party “Business Associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we have a written contract that contains terms that will protect the privacy of your PHI.

LEGAL REQUIREMENTS: We may use and disclose your PHI as required or authorized by law. For example, we may use or disclose your PHI for the following reasons:

Public Health: We may disclose your health to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices or to report suspected cases of abuse or neglect.

Health Oversight Activities: We may use and disclose your PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to assist others in determining your eligibility for public benefit programs and to coordinate delivery of those

programs. We are required to give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule.

Judicial and Administrative Proceedings: We may use and disclose your PHI in judicial and administrative proceedings and our office may make an effort to contact you prior to a disclosure of your PHI to the party seeking the information. Examples may include a subpoena, legal discovery request or other lawful process.

Law Enforcement: We may use and disclose your PHI in order to comply with requests pursuant to a court order, warrant, summons or similar process. We may also need to comply in circumstances of trying to locate someone who is missing, to identify a crime victim, to report a death, criminal activity at our office, or in an emergency.

To Avert a Serious Threat to Health or Safety: We may use or disclose your PHI to stop you or someone else from getting hurt.

Work-Related Injuries: We may use or disclose PHI to an employer if the employer is conducting medical workplace surveillance or to evaluate work-related injuries.

Coroners, Medical Examiners, and Funeral Directors: We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.

Armed Forces: We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission or to the Department of Veterans Affairs to determine eligibility for benefits.

National Security and Intelligence: We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Correctional Institutions and Custodial Situations: We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates or others.

Research: You will need to sign an Authorization form before we use or disclose PHI for research purposes except in limited situations. An example may include your participation in a research or clinical study.

Fundraising: This practice does not engage in fundraising or marketing activities.

Immunizations: If we obtain and document your verbal or written agreement to do so, we may release proof of immunization to a school where you are a student or to your employer. We may disclose your immunizations to the Florida State Immunization Registry for monitoring and statistical purposes.

Florida Law: Florida law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an Authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

Your Rights: You have certain rights under federal and state laws relating to your PHI. Some of these rights are described below:

Restrictions: You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. We are not required to accommodate your request, except as required by law. The practice is required to comply with your request for restrictions on the use or disclosure of your PHI to health plans for payment or health care operations purposes when the practice has been paid out of pocket in full and the practice has been notified of the request for restriction in writing, and the disclosure is not required by law.

Communications: You have a right to receive confidential communications about your PHI. For example, you may request that we only call your home or cell phone. Every effort will be made to honor your preferred method of contact.

Inspect and Access: You have a right to inspect your health information. This information includes billing and medical record information. Your request may not be honored in some cases. If this is the case, we will send you a letter that will explain why and apprise you of your options.

You may have a paper or electronic copy of your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies and for postage, if you ask us to mail the records.

Amendments of your records: If you believe there is an error in your PHI, you have a right to request that we amend your health record. We are not required to agree with your request to amend.

Accounting of Disclosures: You have a right to receive an accounting of disclosures that we have made of your PHI for purposes other than treatment, payment, and health care operations, or release made pursuant to your authorization.

Copy of Notice: You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. We have also posted this Notice at our office.

Complaints: If you feel that your privacy rights have been violated, you may file a complaint with us by calling our Privacy Office (Practice Manager) at (352) 404-5174. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC, if you feel your privacy rights have been violated.

Authorizations: We are required to obtain your written Authorization when we use or disclose your PHI in ways not described in this Notice or when we use or disclose your PHI as follows: for marketing purposes, for the sale of your PHI, or for uses and disclosures of psychotherapy notes (except certain uses and disclosures for treatment, payment, or health care operations). You may revoke your Authorization at any time in writing, except to the extent that we have already acted on your Authorization.

We are required to abide by the terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, you can get a revised Notice on our website at www.ClermontInternalMedicine.com or by requesting one in person from the office or by mail. Changes to this Notice are applicable to the health information we already have.

Effective Date: October 5th, 2015

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