

# **Gastroenterology & Nutrition of Central Florida (GNCF)**

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4669 E SR 44  
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## **Notice of Privacy Practices and Advance Directive**

**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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### **OUR LEGAL DUTY**

GNCF considers personal information to be confidential. It is our policy to protect the privacy of that information in accordance with federal and state privacy laws.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future medical health and related health care services.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). We will abide by and follow the HIPAA privacy practices that are described in this Notice while it is in effect. This Notice became effective on July 1<sup>st</sup>, 2006 and will remain in effect until we replace it. GNCF reserves the right to change this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.

### **ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

You may be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for an office procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the visit. We will also use or disclose your medical information to bill directly and to obtain payment from third parties that may be responsible for payment.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities; risk management, claims management, legal consultation, and regulatory surveys. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health

information, as necessary, to contact you to remind you of your appointment. We may use or disclose your protected health information in the following situations without your authorization. These situations include but are not limited to: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight: Abuse or Neglect, Food and Drug, Legal Proceedings, Inmates, Law Enforcement, Criminal Activity, Military Activity and National Security, Coroners, Funeral Directors, and Organ Donation, Workers' Compensation....

**With Your Authorization:** We may use or disclose your protected health information for purposes not described in this Notice, or otherwise permitted by law, only with your written authorization. You may revoke any authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

**To Your Family And Friends:** We might disclose your healthcare information to a family member, friend or any other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

### **YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information. **You have the right to inspect and get copies of your protected health information.** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You must make a request in writing to obtain access to your protected health information. GNCF may charge you a nominal fee for providing you with copies of your protected health information. If you request copies, there is no charge up to 5 pages. There will be a charge of .25 per page if more than 5 pages are requested.

Should you request a copy of your Doctor's visit note, we will furnish you with a copy of your Visit Summary. If you are web enabled and have access to your patient portal you can also see your Visit Summary there.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction that you may request. If your provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.

**You have the right to request to receive confidential communications from us by alternative means** (e.g. fax versus mail) **or at an alternative location.** Your request must be in writing and it should specify the alternative means or location you request. We must honor your request if it is reasonable.

**You have the right to obtain a paper copy of this notice from us, upon request. You may have the right to have your physician amend your protected health information.** If you believe that the information GNCF has about you is incorrect or incomplete, you may request an amendment to your protected health information. Your request must be in writing and it must identify the information that you think is incorrect and explain why the information should be amended. While GNCF will accept requests for amendment, we are not required to agree to the amendment. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**You have the right to receive an accounting of certain disclosures we have made,** if any, of your protected health information. If you request this accounting more than once in a twelve (12) months period, we might charge you a reasonable, cost-based fee for responding to these requests.

### **FEDERAL PRIVACY LAWS**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act, and the Alcohol, Drug Abuse, and Mental Health

Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

### **COMPLAINTS**

You may file a complaint with us if you believe your privacy rights have been violated by notifying our privacy contact of your complaint in writing. We will not retaliate against you for filing a complaint. You may complain to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us or if you disagree with a decision we made about access to your health information.

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

### **\*\* YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*\***

I, \_\_\_\_\_, have received and/or reviewed a copy of this office's Notice of Privacy Practices

I \_\_\_\_\_ opt in or \_\_\_\_\_ opt out of sharing my medical records electronically with other Medical Practices that are involved with my care. I am aware that I can revoke my decision at any time.

Name of Patient: (print ) \_\_\_\_\_

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

Relation to Patient: \_\_\_\_\_

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

## **ADVANCE DIRECTIVE**

Please indicate below if you have Advance Directive (Healthcare Surrogate, Living Will, Power of Attorney, Do Not Resuscitate, ...etc):

\_\_\_\_\_ I do NOT have Advance Directive

\_\_\_\_\_ I do have Advance Directive. Please provide a copy of your documents to our staff