



Notice of Privacy Practices

Effective Date: January 4, 2010

We respect patient confidentiality and only release personal health information about you in accordance with state and federal laws. This notice describes our policies related to the use of the records of your care and how you may get access to this information. Please review this policy carefully.

How we may use and disclose Protected Health Information about you

In order to effectively provide care, there are times when we will need to share your personal health information (PHI) with others beyond our practice. The following describes different ways we may use and disclose PHI for treatment, payment and operations. The examples included do not list every type of use or disclosure that may fall within each category.

Treatment. With your permission we may use or disclose PHI about you to provide, coordinate or manage your care or any related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI about you when referring you back to your family doctor so that he or she can follow up on your status. We may disclose PHI when you need prescriptions, lab work, diagnostic exams or other health-related services. Additionally, we may disclose your PHI to others who may assist in your care, such as a spouse, unless you object.

Payment: Information will be used so that we can bill and collect payment for the treatment and services provided to you. This will include contacting your health insurance company to certify that you are eligible for benefits. We also may provide your insurer with details regarding your treatment to determine if your insurer will cover your treatment.

Center Operations: We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care to improve efficiency and quality and training staff.

Circumstances we may use and disclose PHI without your consent

Under state and federal law, we may use PHI about you in the following circumstances in which you do not have to consent.

Follow-Up Appointments: We may contact you to remind you of future appointments or information about treatment alternatives or other health-related services that may be of benefit to you.

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

As Required by Law: We may disclose PHI as required by federal, state or local laws. This would include situations where we have a subpoena, court order or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child and elder abuse or domestic violence.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner, medical examiner or funeral director for the purposes of carrying out their duties.

Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are

also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Lawsuits or Other Legal Proceedings: We may use or disclose PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose PHI in response to a discover request, subpoena or other legal process.

Criminal Activity or Danger to Others: If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.

Your Rights and Responsibilities

You have the following rights under state and federal laws.

Copy of Records: You are entitled to inspect the personal health record we have generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Records: You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health-care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing. In your request, please include the 1) information that you want to restrict; 2) how you want to restrict the information (i.e. restricting use to this office, only restricting disclosure to persons outside this office or restricting both) and 3) to whom you want those restrictions to apply (i.e. you do not want disclosure to your spouse.)

Amending Records: If you believe that something in your record is incorrect or incomplete, you have the right to request that we amend it. Your request should be made in writing and give us a reason that supports your request for amendment. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Contacting You: You have the right to request that we send PHI to another address or by alternative means for example at home instead of at work. We will honor such request as long as it is reasonable and we are assured it is correct. You must make your request in writing to our Office Manager and specify instructions.

Accounting for Disclosures: You have the right to request a listing of certain non-routine disclosures we have made related to your PHI during a specific period of time up to six years. The disclosure request will not include disclosures of PHI we used for treatment, payment or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release as we are not required to document these purposes. It also excludes information we were required to release for national security, correctional or law enforcement purposes. If you wish to make a request, please contact our Office Manager. We will notify you of the cost involved in preparing this list.

You may ask questions or file a complaint about our privacy practices

If you have any questions, wish to have a copy of this policy or have any complaints, you may contact us in writing for further information. You also may complain to the Secretary of Health and Human Services if you

believe we have violated your privacy rights. We will not retaliate or take action against you for filing a complaint.

Changes in Policy: Emergency Physicians Medical Center reserves the right to change its Privacy Policy based on the needs of the practice and changes in state and federal laws.

How you can contact us

Privacy Contact: You may contact our Office Manager if you have any questions about this policy.

Charles Cooper
Emergency Physicians Medical Center
2445 SW 76th Street
Suite 110
Gainesville, FL 32608

352-872-5111

IMPORTANT: Please read all sections before signing. By signing, I acknowledge that I have received and understand this privacy notice.

Patient/Guardian Signature

Date