

**Florida Orthopaedic Associates, PA**

**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.**

Our practice is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. Our practice is required by law to abide by the terms of this Notice.

This Notice of Privacy Practices describes how we may use and disclose your PHI 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 PHI. PHI is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Our office is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised Notice, you may call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

**HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:**

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered; and, in order to support personnel reviewing the quality of care you receive, employee review activities, training of medical students, licensing, contacting or arranging for other business activities. We may not sell your PHI without your authorization.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

**Appointment Reminders.**

We may contact you to provide appointment reminders.

**Treatment Information.**

We may contact you with information about treatment alternatives and/or health-related benefits and services that may be of interest to you.

**Disclosure to Department of Health and Human Services.**

We may disclose medical information when required by the U.S. Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

**Family and Friends.**

Unless you object, we may disclose your medical information to family members, other relatives, or close friends when the medical information is directly relevant to that person's involvement with your care.

**Notification.**

Unless you object, we may use or disclose your medical information to notify a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death.

**Disaster Relief.**

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

**Health Oversight Activities.**

We may use or disclose your medical information for public health activities, including the reporting of disease, injuries, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

**Abuse or Neglect.**

We may disclose your medical information when it concerns abuse, neglect, or violence to you in accordance with federal and state law.

**Legal Proceedings.**

We may disclose your medical information for law enforcement or other specialized governmental functions.

**Coroners, Medical Examiners and Funeral Directors.**

We may disclose your medical information to a coroner, medical examiner, or a funeral director.

**Organ Donation.**

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

**Research.**

We may use or disclose your medical information for certain research purposes if an International Review Board or a Privacy Board has altered or waived individual authorization, the review is preparatory to research, or the research is only on decedent's information.

### **Public Safety.**

We may use or disclose your medical information to prevent or lessen a serious threat or safety to another person or the public.

### **Workers Compensation.**

We may disclose your health information as authorized by laws relating to workers' compensation or similar programs.

### **Business Associates.**

We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

## **AUTHORIZATIONS:**

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

**Paige Adams**

**Florida Orthopaedic Associates, P.A., 740 W. Plymouth Avenue, DeLand, FL 32720**

**Telephone: 386-734-9122 Fax: 386-736-4348**

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosure of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. You may also ask us for your records in an electronic form. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to be notified of a data breach.
- If you pay in cash in full (out of pocket) for your treatment, you can instruct us not to share information about your treatment with your health plan.

- You have the right to receive an accounting of the disclosures of your medical information by our practice during the last six (6) years except for disclosures for treatment, payment, or healthcare operations, disclosures which you authorized and certain specific other disclosure types.
- You may request a paper copy of this Notice of Privacy Practices for PHI.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us please contact:

**Paige Adams**

**Florida Orthopaedic Associates, P.A, 740 W. Plymouth Avenue, DeLand, FL 32720**

**Telephone: 386-734-9122 Fax: 386-736-4348**

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information you may contact:

**Paige Adams**

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**THIS NOTICE IS EFFECTIVE AS OF August 2013 . If no date is entered, this Notice is effective on April 14, 2003.**

## **REVISION OF NOTICE OF PRIVACY PRACTICES**

We reserve the right to change the terms of this Notice, making any revision applicable to all PHI we maintain. If we revise the terms of this Notice, we will post a revised Notice at our office and will make paper copies of the revised Notice of Privacy Practices available upon request.