

## Central Florida Urogynecology

### Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW HEALTH 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 RESPONSIBILITY

As your health care provider, we create a record of the care and services you receive at this office. We need this record to provide to you quality care and to comply with certain legal requirements. We are required by federal and state laws to maintain the privacy of your health information. We want you to be aware of our privacy practices that are described in this notice while it is in effect. This notice takes effect March 9, 2010, and will remain in effect until a revised notice is issued. We reserve the right to change the terms of our notice and to make new provisions effective for all personal health information we maintain, even if created or received prior to the effective date of the revision or amendment.

#### USES/DISCLOSURES OF HEALTH INFORMATION WITHOUT A SPECIFIC AUTHORIZATION

1. To You: We must disclose your health information to you, as described in the Individual Rights section of this notice.
2. For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose your health information to a doctor, nurse, hospital, surgery center, pharmacist, or other medical personnel who are involved in your care. In addition, we disclose the information to your insurance provider to get approval for treatment when necessary.
3. For Payment: We may disclose your health information to your insurance providers in order to get payment on claims for services provided to you. We also reserve the right to disclose some of your personal information collection agencies when necessary to collect payment.
4. For Health Care Operators: We make uses and disclosures of your health in our day to day operations as a health care provider. For example, your health information will be scanned into your electronic chart by medical staff. We do, however, take every reasonable precaution to ensure the privacy of your health information.
5. When Required by Law: We may use or disclose your health information we are required to do so by law. For example, we are required to report abuse, neglect, domestic violence and certain medical diagnoses to the appropriate agencies and sometimes adverse reactions to treatments must be reported to the FDA.
6. For Proceedings: We may disclose your health information in response to a subpoena, discovery request, or other lawful process. Under certain circumstances, such as court order, warrant or grand jury subpoena, we may disclose your medical records to law enforcement officials.
7. To Family and Friends: With your authorization, we may disclose your health information to your family, friends or others. However, if you are unable to authorize such disclosure, but emergency or similar circumstances indicate that disclosure would be in your best interest, we may disclose your health information to family, friends or others to the extent necessary to help with your health care.

#### USES/DISCLOSURES OF HEALTH INFORMATION REQUIRING AUTHORIZATION

Any use or disclosure of your health information, other than for the purposes listed above, requires authorization by you. You may give us written authorization to use or disclose your information to anyone for any purpose. However, we are not responsible for and cannot ensure the confidentiality of your health information once it has been disclosed to third parties. If you give us authorization, you may revoke it in writing any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

**YOUR INDIVIDUAL RIGHTS**

1. Access: With limited exception, you have the right to review in person or obtain copies of your health information. You must make a request in writing. We will make every effort to respond to your request in a timely manner; however, the law allows us thirty days. We reserve the right to impose reasonable costs associated with making these copies as permitted by law.
2. Amendment: You have the right to request that we amend your health information that we have on file. Please be aware that we can only amend the health information if it was created by us. Your request must be in writing, and it must explain why the information should be amended. We have the right to refuse your request. If we deny your request, we will provide you with a written explanation. You may respond with a statement or disagreement to be appended to the information you wanted amended. If we accept your request, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the amendment in any future disclosures.
3. Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, or health care operations since March 9, 2010. Upon written request, we will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your health information, a description of the health information we disclosed, and the purpose of the disclosure.
4. Restriction Requirements: You have the right to request that we place certain additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. However, if you are in need of emergency treatment, we may use or disclose that information to a health care provider in order to facilitate the provision of emergency treatment to you. Any agreement we may make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf.
5. Confidential Communication: You have the right to request that we communicate with you in confidence about your health information at an alternative address or telephone number. Again, this request must be in writing. We are required to accommodate your request if it is reasonable, specifies the alternative address or telephone number, and allows us to conduct necessary treatment, payment and health care options.

**Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns about this Notice of Privacy Practices, you may ask to speak to our Privacy Officer.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding your health information, you may register a complaint with our Privacy Officer. You may also submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

I, \_\_\_\_\_, attest that I have read the above information and understand all of its contents.

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

Person authorized to disclose health information to:

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Relationship: \_\_\_\_\_