

**NORTH ORLANDO SURGICAL GROUP**  
**1053 Medical Center Drive, Suite 242**  
**Orange City, Florida 32763**  
**1355 S. International Parkway, Suite 2451**  
**Lake Mary, FL 32746**

## **2014 HIPAA Notice of Privacy Practices**

**Effective as of: January 1, 2014**

**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 Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a Federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. HIPAA gives you, the patient, the right to understand and control how your protected health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

This medical practice collects health information about you and stores it in a chart **[and in an electronic health record]**. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. **[One of the advantages of electronic health records is the ability to share and exchange health information among our personnel and other health care providers who are involved in your care. When we enter your information into an electronic health record, we may share that information as permitted by law by using shared clinical databases and health information exchanges. We may also receive information about you from other health care providers who are involved in your care by using shared databases or health information exchanges]**.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER, JUDY UELTSCHY AT 1053 MEDICAL CENTER DRIVE, SUITE**

Mac OS:Users:bboohar:Library:Containers:com.apple.mail:Data:Library:Mail Downloads:HIPAA Privacy Notice - 2014 -001.doc

**242, ORANGE CITY, FL 32763, PHONE: (386) 775-0333 OR (407) 790-9800 AND FAX (386) 775-0427 OR EMAIL ADDRESS NORTHORLANDOMGR@CFL.RR.COM.**

**A. Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may also share your health information with our "business associates", such as our billing service, that perform administrative services for us.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. HIPAA provides an extensive list of permitted disclosures, however, where state laws provide greater privacy protections or privacy rights with respect to protected health information, state laws will apply, overriding HIPAA.

#### ***Florida Law.***

Under Florida Law, we are required to make disclosures of personal health information under the following circumstances:

- Gunshot wounds or life-threatening injuries indicating an act of violence
- Suspected child abuse
- Suspected vulnerable adult abuse
- Suspected sexual battery
- Death of a child resulting from suspected child abuse, abandonment, or neglect
- Death occurring under the following circumstances:
  - As a result of criminal violence
  - By accident
  - By suicide
  - Suddenly, when in apparent good health
  - Unattended by a practicing physician or other recognized practitioner
  - In any prison or penal institution

- In any suspicious or unusual circumstance
- By criminal abortion
- By poison
- By disease constituting a threat to public health
- By disease, injury, or toxic agent resulting from employment
- Florida law also requires us to report the following diseases to the Florida Department of Health:
  - Sexually transmissible diseases
  - Tuberculosis
  - Cancer
  - Adverse incidents involving medical treatment
- Florida law requires us to disclose and discuss personal health information of an injured employee to employers and certain other persons, including insurance carriers and their attorneys, if such records and discussions are restricted to conditions relating to the workplace injury.

**B. Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. We may also provide notification by other methods as appropriate.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **C. Your Rights.**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
  - To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format.
  - We will provide copies in your requested form or format if it is readily producible, or we will provide you with an alternative format you find acceptable. If we can't agree and we maintain the record in an electronic format, we will provide your records in your choice of a readable electronic or hard copy format.
  - We will also send a copy to any person you designate in writing.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request under limited circumstances. If you are denied access to your health information, you may request in writing that the denial be reviewed. To request a review, contact the Privacy Officer as set forth at the beginning of this notice.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**D. Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**E. Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.