



## **FLORIDA DIABETES AND ENDOCRINE ASSOCIATES**

### **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.**

Florida Diabetes and Endocrine Associates understands your privacy is important. This Privacy Notice 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 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 physical or mental health condition or payment.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of the information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses and disclosures below. Not every use or disclosure is covered.

In addition to the office, the following persons will also follow the practices described in this Notice of Privacy Practices: Any health care professional who is authorized to enter information in your medical record. In addition, they may share medical information for treatment, payment or healthcare operations as they are described in this Notice of Privacy Practices.

#### **Use and Disclosure of Medical Information**

We can use or disclose medical information about you regarding your treatment, payment for services, or for healthcare operations. We may also disclose your protected health care information for the treatment activities of another provider, the payment activities of another provider or covered entity, and certain limited healthcare operations of another covered entity.

**For Treatment:** To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, or other healthcare personnel who are involved in your treatment. We may also disclose medical information about you to people who may be involved in your medical care after you leave the office such as home health agencies, your family, a friend, Hospice employees, long term care facilities, and, if you request, your clergy member.

**For Payment:** We may use and disclose your medical information to bill and receive payment for the treatment that you receive here. We may also ask your insurance company for prior approval for a service determine whether the insurance company will pay for the service.

#### **Uses and Disclosures of Medical Information that do not require your authorization:**

We can use or disclose health information about you without your authorization when there is a potential emergency, when we are required by law or statute, or when there are substantial communication barriers to obtaining authorization from you. Further, we may disclose your health information without your authorization in any of the following circumstances:

When necessary to contact you to provide: appointment notices, simple messages left noting test results OK, simple generic or routine management instructions delivered by e-mail or voicemail or recent health



management, when it is required by law, or required by regulations or statutes for public health activities, such as mandated disease reporting, etc. When reporting information about victims of abuse, neglect or domestic violence; when disclosing information for the purpose of health oversight activity, such as audits, investigations, licensure or actions or legal proceedings or actions and activity with a pharmacy relating to your potential medication. When disclosing information for law enforcement purpose, for insurance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not given authorization because of incapacity; when disclosing information about deceased persons to medical examiners, coroners, and funeral directors; when disclosing or using information for organ and tissue donation purposes; when we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or tot the public's safety.

Disclosures or to which you may object:

We will use or disclose your health information for any of the purposes described in the above section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objectives or restrictions to the **Privacy Site Coordinator who is Dr Patel at 7001 N Dale Mabry Hwy, Suite 2, Tampa, Fl 33614.**

Other Uses and Disclosures:

We will not use or disclose your health information without your written authorization except as described in the Notice of Privacy Practices. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will not longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization

Your Health Information Rights:

Although your health record if the property of our office, you have the right to:

**Request Restrictions:** you have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to any restriction that you request. If we do agree to adhere to your restriction, we will comply with your request unless the information is needed to provide you treatment. Any request to restrict uses or disclosures must be made in wiring to the Privacy Site Coordinator. Your request must indicate: (1) what information you want limited; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

**Receive Information in Certain Form and Location:** You have the right to receive information about your health in a certain form and location. For instance, you can request that we contact you at work. To request confidential communications, you must make you request in writing to the Privacy Site Coordinator. The request must tell us how and/or where you want to receive information. We will attempt to accommodate reasonable requests.

**Inspect and Copy your Protected Health Information:** You have the right to inspect and request a copy of your protected health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing to the Privacy Officer. If you request copies of information, we may charge the standard fee for any costs associated with your request, including the cost of copies, mailing, or other supplies as set by Florida Statutes and regs.

**\*\*NOTE:** We can deny your request if it is not in writing and if it does not include whey the



information should be changed. We can also deny your request for the following reasons: (1) the information was not created by our office or unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by our office or for our office; or (3) the information is not part of the medical record that would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

#### Complaints:

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to the office or Privacy Site Coordinator. You may also file a complaint with Secretary of the U. S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington D.C. 20201. To acquire a copy of the complaint form, from the Office of Civil Rights, please call 1-800-368-1019.

#### Changes to this Notice of Privacy Practices:

We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we can make can be effective for any health information that we can have about you and any information that we might obtain. The most recent version of our Notice of Practices will be with the office receptionist or can be obtained from our office.

If you have any questions about the content of this Notice of Privacy practices, or if you need to contact someone at this site about any information contained in the notice of Privacy Practices, please contact:

Privacy Site Coordinator: Dr Patel , via phone 813-252-9849