



NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003

This notice describes how we may use and disclose medical information and how you can obtain access to this information. It also describes your rights, as well as certain responsibilities that we have regarding your medical information.

Understanding Your Medical Information

Medical information may identify you by name, address, social security number as well as treatment, diagnosis, and plans for future care. This medical and billing information is protected by law and is frequently referred to as Protected Health Information (PHI).

How We May Use and Disclose Medical Information

The following categories describe different ways that we may use and disclose your medical information.

Treatment: We may use or disclose your information to provide services including consultation between providers and referral by one provider to another.

Payment: We may use or disclose medical information to bill and collect payment from you, an insurance company, or a third party. Information on or accompanying the bill may include information that identifies you, your diagnosis, and treatment received.

Health Care Operations: We may use or disclose information in your medical record for quality assurance to assess the care and outcomes in your case. We use this information to continually improve the quality and effectiveness of the services we provide.

Business Associates: We provide some services through contracts with business associates. We may disclose your health information to business associates so they can perform the functions that we have contracted with them to do such as billing. They are required to appropriately safeguard your information.

Required by Law: We may use or disclose medical information to the extent that federal, state, or local laws require.

Abuse or Neglect: We may disclose your medical information to an authorized government authority if we believe that you have been a victim of abuse, neglect, or domestic violence.

Notification: We may use or disclose medical information to a family member or other person you allow involved in your care. We will only disclose medical information relevant to that person's involvement in your care or payment for your care. In an emergency we may use and disclose your medical information to a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

Marketing/Continuity of Care: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fundraising: We may contact you as part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.

Public health: As required by law, we may disclose your health information to public health/legal authorities charged with preventing or controlling disease/injury/disability.

Law enforcement: We may disclose your PHI to law enforcement officials. Reasons for such a disclosure may include: required by a law or legal process; to provide evidence of a crime that occurred on our premises.

Legal proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding.

Research: We may disclose limited medical information about you for research or quality improvement purposes.

Serious Threat to Health or Safety: We may disclose protected health information that we believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when we believe such disclosure can prevent or lessen the threat.

Workers Compensation: We may disclose health information to the extent authorized and necessary to comply with laws relating to workers compensation or similar programs.

Your Privacy Rights

You have the following rights regarding your medical information:

- To request restrictions on uses and disclosures of your health information for treatment, payment and health care operations. Additionally, you have the right to request restrictions on disclosure of information to individuals involved in your care. However, we do not have to agree to the restriction.
- To request access and obtain a copy of your medical information. This includes medical and billing records, but may not include psychotherapy notes or other information that is subject to laws that prohibit access. In certain situations, such as if access would cause harm, we can deny access. If we deny access you may request the denial be reviewed by another professional. To request a copy of your medical information please contact the Privacy Officer. A reasonable fee may be charged for copies.
- You may request an amendment/correction of your health information. We can deny the request if: we did not create the record; the records are not available in our records set; the record is accurate and complete; is part of the information which you would not be permitted to review and copy.
- You may ask us to communicate with you by alternate means, and if the request is reasonable we will grant the request.
- You have the right to request an “accounting of disclosures” for reasons other than treatment, payment, and health care operations; disclosures to you; incidental disclosures; disclosures to law enforcement officials. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer.
- You have the right to request a copy of this Notice at any time. We have also posted a copy in prominent locations throughout our facilities.

The Privacy Rule requires us to treat a personal representative the same as an individual with respect to uses and disclosures of an individual’s Protected Health Information, as well as the individual’s rights. A personal representative is a person legally authorized to make decisions on an individual’s behalf. In most cases, parents are the personal representatives for their minor children. In certain cases, the parent is not considered the personal representative. In these situations, the Privacy Rule defers to State and other law to determine the rights of parents to access and control the protected health information of their minor children. The Privacy Rule permits an exception when we have a reasonable belief that the personal representative may be abusing or neglecting an individual, or that treating the person as the personal representative could otherwise endanger the individual.

Our Responsibilities

We are required to protect the privacy of your health information, provide this Notice of Privacy Practices, and follow the practices that are described in this notice. We may change this Notice of Privacy Practices at any time. At that time, we will provide you a revised copy of this notice. You can also request a copy of this notice at any time.

Complaints

If you believe you or your child’s privacy rights have been violated you may contact the Privacy Officer by calling (941) 371-8820 or in person at 4620 17th St, Sarasota, FL 34235 or contacting the Secretary of the U.S. Department of Health and Human Services. The quality of you or your child’s care will not be jeopardized nor will you be penalized for filing a complaint. *In addition, if you have any questions about this notice please contact the Privacy Officer at the phone/address listed above.*