

# **A+ FAMILY HEALTH**

## **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.**

### **Uses and Disclosures**

**Treatment.** Your health information may be used by our physicians and staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

**Payment.** Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health Care Operations.** Your health information may be used as necessary to support the day-to-day activities and management of **A+ FAMILY HEALTH**. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality to insure that our practice is meeting state and federal guidelines and laws designated to protect your health care information.

**Law Enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting.** Your health information may be disclosed to public health agencies as required by law. For example, our practice is required to report certain communicable diseases to the State of Florida Department of Health.

**Appointment reminders.** Your health information will be used by our staff to call/send you appointment reminders.

**Additional uses of information.** Protected healthcare information may be sent to individuals and companies involved in your medical claim review and disability status determinations. If a patient applies for disability or workman compensation and a review is required we will send the required information. This applies to your group health plan, workers compensation insurers, Social Security Administration and other review organizations. If your protected health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

**Information about treatments.** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision. You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

## Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.  
**A+ FAMILY HEALTH** is not required to agree with any requested restriction.
- The right to revoke your authorization at any time. Your revocation must be in writing and hand delivered or mailed to the Practice Compliance Officer at **A+ FAMILY HEALTH**. Your revocation is not effective to the extent that the persons that were authorized to use and/or disclose your protected health information have acted in reliance upon that authorization.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information
- The right to request an amendment or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice

### **A+ FAMILY HEALTH** Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

### Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit and post the changes in the patient waiting room. The revised policies and practices will be applied to all protected health information that we maintain.

### Right to Revoke

I understand that I have a right to revoke this authorization at any time. My revocation must be in writing and hand delivered, mailed or faxed to the Practice Compliance Office at **A+ FAMILY HEALTH** at the address or fax number listed below. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

### Requests to Inspect Protected Health Information

I understand that I have a right to inspect and copy my own protected health information to be used or disclosed, (in accordance with the requirements of the federal privacy protection regulations found under 45 C.F.R. §164.524). **A+ FAMILY HEALTH** requires that requests to inspect or copy protected health information be submitted in writing to the contact person listed under **Complaints and Contact Person**.

### Complaints and Contact Person

If you would like to submit a comment or complaint about our privacy practices, or obtain additional information about our privacy practices, you can do so by sending a letter outlining your concerns to the person listed below. You will not be penalized or otherwise retaliated against for filing a complaint.

**Practice Compliance Officer**  
**A+ FAMILY HEALTH**  
 5010 Mile Stretch Dr.,  
 Holiday, FL 34690  
 FAX Number (727) 937 8411.

**Effective date: This notice is effective on or after *March 1, 2003*.**