

# Surgical Associates of Central Florida, P.A.

1181 Orange Avenue  
Winter Park, Florida 32789

## Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully and then sign the HIPAA consent.**

If you have any questions about this notice, please contact our Privacy Officer at the address listed at the end of this notice.

**Who will follow this notice:** This notice describes information about privacy practices followed by Doctors, Employees and Business Associates of Surgical Associates of Central Florida, P.A.

**Your Health Information:** This notice applies to the information and records we have about your health, health status and the healthcare and services you will receive from this medical practice. This information is known as Protected Health Information (PHI).

**How we may use and disclose health information about you:** We must have your written, signed Consent to use or disclose PHI for the following purposes:

**For Treatment:** We may use PHI about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in your care who may or may not be employed by us.

For example, your doctor may be treating you for a condition that requires other specialists to be involved. We may share your records with other doctors and healthcare providers. We may also verbally or in writing, exchange or disclose facts about your healthcare.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering X-rays. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you.

**For Payment:** We may use and disclose PHI about you so that treatment and services you received may be filed with and payment collected from your insurance company or third party payor. For example, we may need to provide your health plan with demographic or clinical information about a service you received from us in order to received payment for those services.

**For Healthcare Operations:** We may use and disclose PHI about you in order to operate the medical practice and make sure that you and our other patients receive quality care. For example, we may use your PHI to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

**Appointment Reminders:** We may contact you at home or work as a reminder that you have an appointment for treatment or additional medical services.

**Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Family and Friends:** We may disclose your PHI to your family members, friends or your personal representative if we obtain verbal agreement to do so. You have the right and obligation to object if you do not agree. We will only do this when we believe you would not object. For example, we may disclose your information to your spouse when they have been with you at your office visit or other treatment and care.

In emergencies or situations where you are not able to give consent or to object to disclosures of your information, we may deem it necessary, in our professional judgment, to disclose portions of your PHI relevant to the person's involvement in your care. For example, we may provide discharge instructions or prescriptions, etc to a friend that is with you at the time of surgery or treatment.

We will disclose only the minimally necessary information and will do so only when your best interest is served.

**Revocation of Consent:** You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses or disclosures that occurred before that time. Your written revocation should be provided to the Privacy Officer at the address listed below.

If you revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

**Uses and Disclosures without your consent:** Your PHI may be used or disclosed without your written consent in the following special situations:

- a.) Public health activities including the prevention or control of communicable diseases, injury or disability; reporting of deaths, non-accidental physical injuries, reactions to medications
- b.) Required reporting for victims of abuse, neglect or domestic violence.
- c.) Health oversight activities for audits, investigations, inspections or for licensing purposes. Disclosures may be made to state or federal agencies for the monitoring of healthcare systems, government programs and compliance with civil rights laws.
- d.) Legal proceedings in conjunction with subpoenas, discovery requests or other lawful requests
- e.) Legal requests and cooperation with law enforcement, Coroners, Funeral Directors and organ donation programs
- f.) Compliance with Workers Compensation laws or if you are an inmate of a correctional facility
- g.) Research projects where your specific permission will be obtained if your PHI is to be released to a researcher
- h.) Disclosures to avert any serious threat to health or safety of you or another party.
- i.) As required by any local, state or federal law.

**Other uses and disclosures of health information:** We will not use or disclose your PHI for any purposes other than those mentioned above. We must obtain your Authorization, separate from any Consent we may have obtained from you already. Any Authorization you have given us may be revoked at any time. When your written revocation is received, we will no longer use or disclose the identified items and cannot take back any uses or disclosures already made with your permission.

**Your individual rights regarding health information about you:**

**You may place restrictions on certain uses and disclosures of your protected health information.** For example, you may restrict us from releasing any information to a certain family member or friend. Your instructions must be in writing and provided to the Privacy Officer. NOTE: We are not required to agree or to comply with your request.

**You have the right to receive confidential communications.** You may restrict or direct the manner in which we communicate with you. For example, you may ask us not to contact you at your place of employment. Your instructions must be in writing and provided to the Privacy Officer.

**You may inspect and copy your records.** You have the right to inspect and receive a copy of your records. You must make a written request in advance to the privacy officer listed at the bottom of this privacy notice. You may be charged a fee for the cost of copying the records.

**You may request an amendment to your protected health information.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. The request will be made in writing and will include the incorrect information and the amended information. The request will be provided to the Privacy Officer. NOTE: We are not required to agree or to comply with your request but will include it with your records.

**You may request an accounting of disclosures made of your protected health information.**

Upon your written request to the Privacy Officer, we will provide an accounting of all disclosures of your protected health information except for those made for treatment, payment and healthcare operations. This will include all disclosures back six (6) years or April 14<sup>th</sup>, 2003, whichever is later. The accounting will be provided within 60 days of request and will include the date of each disclosure, name of recipient and a description of the information disclosed.

**You have the right to a paper copy of this notice.** A paper copy of this notice is available from the Privacy Officer at the address listed below.

**Our duties under HIPAA and this notice:**

- a) Surgical Associates of Central Florida, P.A. is required by HIPAA and Florida state law to maintain the privacy of your PHI and to provide you with written notice of our legal duties under the law.
- b) We reserve the right to change the terms of this Notice at any time.
- c) We are required to abide by the terms of this Notice. The terms of this notice will remain in effect indefinitely unless you are notified of modifications. Modifications to the Privacy policy will not be back dated.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with us, provide your detailed written complaint to the attention of the Privacy Officer at the address listed below. You will not be penalized for filing a complaint.

**Privacy Officer:** To contact the Privacy Officer of Surgical Associates of Central Florida, P.A. please address all correspondence to:

Surgical Associates of Central Florida, P.A.  
Attention: Privacy Officer  
1181 Orange Avenue  
Winter Park, Florida 32789  
(407) 647-1331