

## NOTICE OF PRIVACY PRACTICES for Florida First Psychiatry Specialist

### **THIS NOTICE DESCRIBES HOW INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Introduction:** At this office we are committed to treating and using protected health information about you responsibly. This notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. This notice is effective April 14, 2003 and applies to all protected information as defined by federal regulations.

**Understanding Your Health Record:** Each time you visit our office a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a basis for planning your care or treatment:

- ❖ Means of communication among the many professionals who care for you.
- ❖ Legal Document describing your care
- ❖ Means for claims collections
- ❖ A source of data for medical research
- ❖ A source of information for public health officials.
- ❖ A source of data for planning and marketing.

Understanding what is in your record and how your health information is used helps you to: Ensure its accuracy, better understand who, what, when, where and why others may access your health information decisions when authorizing disclosure to others.

**Your Health Information Rights:** Although your health record is the physical property of this office, the information belongs to you. You have the right to:

- ❖ Obtain a paper copy of this notice
- ❖ Inspect and copy your health record
- ❖ Obtain an accounting of disclosures of your health information
- ❖ Request a restriction on certain uses and disclosures of your information
- ❖ Revoke your authorization to use or disclose your health information except to the extent that action has already been taken.

**Our Responsibility:** We are required to:

- ❖ Maintain the privacy of your health record
- ❖ Provide you with this notice
- ❖ Abide by the terms of this notice
- ❖ Notify you if we are unable to agree to a requested restriction
- ❖ Accommodate reasonable requests you may have to communicate health information by alternative means.

**We will use your health information for treatment.** Information obtained in the course of your treatment may be discussed by our staff to determine the best course of treatment for you. We may provide this information to your referring physician to assist in your treatment, to any physician on call covering for your physician or to support staff within the office.

**We will use your health information for payment.** A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.

**We will use your health information for regular health operations.** Your health information is used by many people in the course of everyday operation. The following examples are given:

- ❖ **Business Associates:** There are services provided to our office that may come into contact with your health information such as records storage operation, the computer software company that supports the office, the clearinghouse that route billing information to insurance companies, transcription, answering service, etc. In order to protect your health information, we require these associates to appropriately safeguard your information.
- ❖ **Notification:** We may use or disclose information to notify or assist family members, personal representative, or another person responsible for your care. Such disclosures include appointments, info about your bill, and any information contained in your medical record. Any disclosure must be made with your written consent.
- ❖ **Funeral Directors:** We will disclose health info to funeral directors or coroners consistent with applicable law to carry out their duties.
- ❖ **Marketing:** 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.
- ❖ **Food and Drug Administration:** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product defects, or post marketing surveillance information to enable product recalls or replacements.
- ❖ **Workers Compensation:** We may disclose information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- ❖ **Public Health:** As required by law, we may disclose your health information to public health- legal authorities charged with preventing or controlling disease, injury, or disability.

We reserve the right to change our practice and make new provisions effective for all protected health information we maintain.