

# Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. SEE US AT 401 W. Kennedy Blvd. | Box 116F | Tampa, FL 33606-1490 | (813) 253-6250 | Fax: (813) 258-7413 | he@stjohns.com

Dear Patient,

We have long been committed to protecting patient privacy. As part of this commitment, we follow federal and state law which requires us to maintain the privacy of your health information and to provide you with this Notice of our privacy practices. When we use or disclose your health information, we are required to follow the privacy practices described in this Notice (or other notice in effect at the time of the use or disclosure).

We must follow either federal or state law, whichever is more protective of your privacy rights. For example, if federal law allows certain disclosures of your health information without your written authorization, but state law does require your written authorization for such disclosures, we must follow state law.

We reserve the right to change the privacy practices described in this Notice at any time. Changes to our privacy practices would apply to all health information we maintain. Changes to this Notice will be posted in our office. You may request a copy of our current Notice at any time.

## USE AND DISCLOSE OF YOUR HEALTH INFORMATION

We have described below the different ways we use and disclose health information:

**Treatment.** We may use or disclose your health information to provide treatment and other services to you. For example, a doctor may use the information in your medical record to diagnose your injury or illness and determine which treatment option, such as medication or surgery, best addresses your health needs. In addition, we may use your health information for appointment reminders or to send you information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may disclose your health information to other health care providers involved in your treatment.

**Payment.** We may use and disclose your health information to obtain payment for services that we provide to you. For example, in order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will provide such health information to an insurer to obtain payment for your medical bills. We may also disclose your health information to another health care provider or health plan for its payment activities – for example, for the health plan to determine your eligibility or coverage

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## Notice of Privacy Practices *continued*

### OTHER USES AND DISCLOSURES

Federal privacy rules allows us to use or disclose your health information without your permission or authorization for a number of other reasons, including:

**Public Health Activities.** If required or allowed by law, we may disclose your health information for the following public health activities: report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; information about products and services under the jurisdiction of the U.S. Food and Drug Administration; alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

**Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence and the reporting of such information is required or allowed by law, we may disclose your health information to a governmental authority, including a social service or protective services agency.

**Health Oversight Activities.** As required or allowed by law, we may disclose your health information to a government agency that is legally responsible for overseeing the health care system and is responsible for ensuring compliance with the rules of government health programs such as audits; civil, administrative, or criminal investigations, proceedings, actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

**Judicial and Administrative Proceedings.** We may disclose your health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement Officials.** We may disclose your health information to the police or other law enforcement officials as required or allowed by law.

**Health or Safety.** We may use or disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

**Specialized Government Functions.** We may use and disclose your health information for authorized national security activities or to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner, medical examiner or funeral director as required or allowed by law.

**Organ and Tissue Donation.** We may disclose your health information to organizations that facilitate organ, eye or tissue donation, banking or transplantation.

Research. There are situations when researchers and research staff may use or disclose health information for research purposes without your authorization. Researchers may conduct research that simply involves reviewing your health information and the health information with similar conditions or diseases. In such situations, researchers will not contact you for authorization, but must obtain permission from a board (called the Institutional Review Board) in place to ensure that the welfare and privacy of research participants is protected, as required by law. Researchers may also review your health information to determine if there are enough people with a specific disease or condition to conduct a study or determine whether you would be a candidate for a study that will involve interaction with you. In this situation, they may contact you to ask if you would like to participate in a study.

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**Right to Cancel Authorization to Use or Disclose Your Health Information.** You may request access to your health information in order to review or request copies of such information in certain situations, we may deny you access to a portion of your health information (for example, health records or information gathered for judicial proceedings) as allowed by law. To obtain copies of your health information, you must provide a written request to the Privacy Officer, Rox, P D \ U H Y L H Z \ R X U 3 D W L H Q F D U H \ R X P D \ D O V R n ' L F N H \ + H D O W K and D G U m i t h e c o m p l e t e f o r W O R K i n U H L V O R .

**Right to Receive a Record of Disclosures of Your Health Information.** You may ask for a list of certain disclosures of your health information made by us, in the six years prior to the date of your request. This list must include the date of each disclosure, who received the health information disclosed, a brief description of the health information disclosed, and why the disclosure was made. This list will not include disclosures made to you or for purposes of treatment, payment, or operations, or for certain other purposes.

**Right to Receive Paper Copy of this Notice.** You may request a paper copy of this Notice at no charge for copies of your health information, including cost of supplies and labor), postage and preparing an explanation or summary of your health information. If you decline the available electronic format, we will provide you with a paper copy.

**Right to Your Own Billing Account.** You have the right to request an accounting of certain disclosures of your health information for purposes other than treatment, payment, or health operations, or certain other disclosures we are permitted to make without your authorization described in this notice. We are also not required to account for any disclosures that you signed for in writing. The request for an accounting must be made in writing. Accounting records be subject to a reasonable cost-based fee.

**Right to Notification of Breach.** You have the right to be informed of a breach of your protected health information. We will notify you, within 60 days of discovery, if we breach your unsecured protected health information.

**The right to questions or complaints.** To file a complaint, please contact Ass J V W D Q V of Wellness, Gina Firth, Address: 401 W, Kennedy Blvd, FL 33606, phone number (813) 257-1777. Complaints may also be submitted in writing.

**Right to Request to Correct Your Health Information.** You may ask us to correct your health information. While we will consider all requests for corrections, we may deny your request for legitimate reasons (for example, if your health information is accurate and complete or we did not create the health information you believe is incorrect). To request a correction to your health information, your request must be made in writing and state a reason to support the requested amendment. In certain cases, we may deny your request.