

# Notice of Privacy Practices

Effective April, 14, 2003

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 health information about you (as a patient receiving services from us) may be used and disclosed, and how you can get access to your personal health information.**

## PLEASE REVIEW THIS NOTICE CAREFULLY

**Our Commitment to Your Privacy:** Our company is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will maintain records regarding your treatment and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by our company. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our company has created or maintained in the past and for any of your records that we may create or maintain in the future. Our company will post a copy of our current Notice in our office in a visible location at all times, and on our website. You may request a copy at any time.

## WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

- 1. Treatment.** Our company may use or disclose your PHI to a physician or other health care provider providing treatment to you. We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services provide to you..
- 2. Payment.** Our company may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that your are eligible for benefits, and we may provide your insurer with details regarding services provided to determine if your insurer will cover, or pay for, your services.
- 3. Health Care Operations.** Our company may use and disclose your PHI to operate our business. For example, our company may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning for our company.
- 4. Disclosures Required by Law.** Our company will use and disclose your PHI when we are required to do so by federal, state, or local law.

## USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

- 1. Public Health Risk.** Our company may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose such as: maintaining vital records, such as births and deaths/ reporting child abuse or neglect/ preventing or controlling disease, injury or disability/ notifying a person regarding potential exposure to a communicable disease/ notifying a person regarding a potential risk for spreading or contracting a disease or condition/ reporting reactions to drugs or problems with products or devices/ notifying individuals if a product or device they may be using has been recalled/ notifying appropriate government agency and authority regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information/ notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. **Health Oversight Activities.** Our company may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil right laws and the health care system is general.

3. **Lawsuits and Similar Proceedings.** Our company may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official such as: regarding a crime victim in certain situation, if we are unable to obtain the person's agreement/ concerning a death we believe has resulted from criminal conduct/ regarding criminal conduct at our office/ in response to a warrant, summons, court order, subpoena or similar process/ to identify and or locate a suspect, material witness, fugitive, or missing person/ in an emergency, to report a crime

5. **Research.** Our company may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes.

6. **Serious Threats to Health or Safety.** Our company may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

7. **Military.** Our company may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8. **National Security.** Our company may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

9. **Inmates.** Our company may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official in order to provide health care to you, to protect you, the institution or other individuals in the institute.

10. **Workers' Compensation.** Our company may release your PHI for workers' compensation and similar programs.

11. **Worker's Employment.** Our company may release your PHI to your employer for the purpose of writing work notes or completing forms necessary to explain medical reasons for work related issues.

12. **Deceased Patients.** Our company may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI we maintain about you:

1. **Confidential Communications.** You have the right to request that our company communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our company will accommodate reasonable requests.

2. **Requesting Restrictions.** You have the right to request a restriction in our use and disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our

agreement, except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You must make a request in writing clearly stating the information to be restricted, to whom it applies, and whether our company is limited to use, disclosure, or both.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing. Our company may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our company. A written request must be submitted including the reason that supports your request or our company will deny your request. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the company; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our company, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an ‘accounting of disclosures’. An ‘accounting of disclosures’ is a list of certain non-routine disclosures our company has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our company is not required to be documented. For example, the doctor sharing information with our company; or the billing department using your information to file your insurance claim. All requests for an ‘accounting of disclosures’ must be submitted in writing and must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.

**6. Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time or find it on our website at [www.lmstens.com](http://www.lmstens.com)

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our company or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our company will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

Please submit all requests **in writing** to our Medical Records Department, at Liberty Medical Solutions, 1035 W Busch Blvd, Tampa, FL 33612

If you have any questions regarding this notice or the HIPAA privacy policies please contact Liberty Medical Solutions at 1-800-932-0147.