

You have the right to receive a paper copy of this or any revised Notice and / or an electronic copy by email upon request to Treasure Coast Primary Care Privacy Officer.

If you have any questions about this Notice, please contact the Privacy Officer.

How to complain About Our Privacy Practices.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer listed below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW. Washington D.C. 20201 or call 1-877-696-6775. There will be no retaliation for filing a complaint.

Contact: Privacy Officer

If you have questions about this Notice or any complaints about our privacy practices, please contact Treasure Coast Primary Care:

Robert Gluckman, Esq., Privacy Officer  
1980 SE Ocean Blvd  
Stuart, FL 34996  
(772)678-7043

This Notice is effective January 1, 2019

## **Treasure Coast Primary Care 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 THIS NOTICE CAREFULLY AND ACKNOWLEDGE RECEIPT.**

We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. We are required to follow the practices described in this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time. If we change our notice, we will post the revised notice in the facility and will have them available upon request. You can receive a copy of the current notice at any time. This Notice describes how we have extended certain protections to your PHI and how, when, and why we may use and disclose your PHI. With certain exceptions, we will use or disclose your PHI in the minimum necessary manner to accomplish the intended purpose of the use or disclosure. We will share PHI as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. To the extent there is stricter Florida or federal law regulating the privacy of your PHI, we will comply with the more strict provisions of law.

You may view this Notice or any new notices on our website at [www.tcprimarycare.com](http://www.tcprimarycare.com).

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

We are committed to maintaining the confidentiality of your health information. Your health information may be used and disclosed for purposes of treatment, payment, and health care operations. Outside of these permitted uses, we must have your written and signed authorization unless the law permits or requires the use or disclosure without your authorization. You have the right to revoke that authorization in writing except to the extent any action has been taken in reliance on the authorization.

**Treatment, Payment, and Health Care Operations.** Except as otherwise provided, we may use and disclose your health information for purposes of treatment, payment, and as otherwise necessary and permitted by law, for our health care operations. This may include disclosure to another health care provider who, at the request of your physician, becomes involved in your treatment, for purposes of approval of reimbursement from your health plan, or for audit purposes, we may disclose to our accountant or attorney.

**Business Associates.** It may be necessary for us to provide your health information to certain outside persons or entities that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to properly safeguard the privacy of your health information.

**Appointments, Services, and Fundraising.** We may contact you to provide appointment reminder, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. You have the right to request, and we will accommodate your reasonable requests, to receive communications regarding your health information from us by alternative means or at alternative locations. You may request such confidential communication by sending your written request to the Privacy Officer. We may contact you to support our fundraising efforts. You may opt-out of receiving any further fundraising communications from our facility by notifying our Privacy Officer in writing of your name, address, and request to be removed from our fundraising mailing and contact lists.

### **USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT.**

**Family and Friends.** With your approval and using our professional judgment, your health information may be disclosed to designated family, friends, and others who are

directly involved in your care or in the payment for your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

**Patient Directories.** Unless you object, your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Your religious affiliation may be shared with clergy.

## USES AND DISCLOSURES OF PHI

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes. Accrediting organizations such as JCAHO, required abuse or neglect reporting health oversight audits or inspections, research studies, funeral arrangements and organ donations, worker's compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

We may use or disclose your medical information for research purposes but only with your prior authorization or a proper waiver of authorization from the IRB or Privacy Board.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- 1. Restrictions on Use and Disclosure of Individual Health Information.** You have the right to request that we restrict how we use and disclose your health information. These restrictions must be made in writing and signed by you or your representative. We are not required to agree to your restrictions. We cannot agree to limit uses/disclosures that are required by law. In the

event of a termination of an agree-to restriction by us, we will notify you of such termination. You may terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Privacy Officer.

- 2. Access to Individual Health Information.** You have the right to inspect and copy your health information. All such requests must be made in writing and signed by you or your representative. A reasonable per page fee will be assessed if you request a copy of the information. There will also be a charge for postage if you request a mailed copy and, if requested, for preparation of a summary of the requested information. You may obtain a Request for Access form from the Privacy Officer. We will respond within 30 days unless an extension is taken. In certain circumstances, you may not be permitted access. Depending on the circumstances, you may request a review of the decision to deny access. If we deny your request, you will be given written notice that will explain the basis and your right to appeal.
- 3. Amendments to Individual Health Information.** You have the right to request that your health information be amended or corrected. We will respond within 60 days unless an extension is taken. In certain cases, we may deny your request for amendment and you will be given written notice that will explain the basis and your right to appeal, which will be appended to your health information. You may also submit a statement of disagreement and we may prepare a rebuttal that will be provided to you. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment. If we make an amendment, we may notify others who work with us and have copies of the un-amended record if we believe that such notification is necessary. You may obtain a Request for Amendment form from the Privacy Officer.

- 4. Accounting for disclosures of Individual Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us after June 1, 2019. Requests must be made in writing and signed by you or your representative. Request for Accounting forms are available from the Privacy Officer. The first accounting in any 12-month period is free; you will be charged a reasonable fee for each subsequent accounting within the same twelve-month period. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- 5. Confidential Communications.** You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home by notifying us in writing of a specific way or location for us to use to communicate with you.