

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 IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Anastasia Medical Group, operating as a multi specialty group of health care providers. The members of this medical group will share your personal health and medical information as necessary to perform treatment, payment, and health care operations as allowed by law.

1. OUR COMMITMENT TO SAFEGUARD YOUR MEDICAL INFORMATION

We are committed to protecting the privacy of medical information about you. This includes information that can be used to identify you that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We are required by law to maintain the privacy of your medical information and we must provide you with this Notice about our privacy practices that explains how, when, and why we use and disclose medical information about you. With some exceptions, we may not use or disclose any more of your medical information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

2. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

Uses and Disclosures Without Authorization

The following categories describe different ways that we are permitted to use and disclose your medical information without a specific authorization from you.

For Treatment. We may use medical information about you to provide you with medical treatment or services; *however, Florida State law requires your consent prior to such use.* We may disclose medical information about you to other health care providers who request such information for purposes of providing medical treatment to you.

For Payment. We may use and disclose medical information about you in order to bill and collect payment for the treatment and services provided to you. We also may provide information about you to other health care providers that have treated you or provided services to you to assist them in obtaining payment.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate Anastasia Medical Group.

Appointment Reminders and Services. We may use and disclose medical information to provide appointment reminders or test results.

Health-related products and services. We may use and disclose medical information to tell you about health-related products or services necessary for your treatment, to advise you of new products and services we offer, to provide general health and wellness information, or to provide you with promotional gifts of nominal value.

Individuals involved in your care or payment for your care. We may provide medical information about you to a family member, friend, or other person involved in your care or the payment for your health care. You have the right during registration to restrict what information is provided and/or to whom.

As required by law. We will disclose medical information about you when required to do so by federal, state, or local law. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims or abuse, neglect, or domestic violence; when dealing with gunshot and other wounds to report reactions to medications or problems with products; or to notify people of recalls of products they may be using.

To avert a serious threat to health or safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat or lessen such harm.

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a court or administrative ordered subpoena or discovery request, but only after efforts have been made to tell you about the request.

Health oversight activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Minors. We may release medical information about minors to their parents or legal guardians. However, in instances where Florida law allows minors to consent to their own treatment without parental consent, information will not be released to a minor's parents without the minor's consent unless otherwise specifically allowed under Florida law.

Workers' Compensation. We may release medical information about you for workers' compensation or similar agencies as necessary to determine if you are eligible for benefits for work-related injuries or illness.

Employers. We may release medical information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either (1) to conduct an assessment relating to a medical examination of the workplace or (2) to determine whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information to your employer.

National security and intelligence. We may release medical information about you for national security purposes, such as protecting the President of the United States or foreign heads of state, or for conducting intelligence operations.

Uses and Disclosures Requiring Authorizations.

The following categories describe different ways that we are permitted to use and disclose your medical information only with a specific authorization from you.

Other Uses and Disclosures of Medical Information. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization; however, we cannot take back any disclosures we have already made based upon your prior permission.

Marketing activities. We may not use medical information about you to contact you to encourage you to buy a product or service which is unrelated to your current care management except with your specific authorization.

Alcohol and Drug Abuse Patient Records. Use and disclosure of any medical information about you relative to alcohol or drug abuse programs, is protected by federal law and regulations. Generally, we may not speak to a person outside the program, that you are or have attended the program, or disclose any information identifying you as an alcohol or drug abuser unless: (1) you have consented in writing; (2) we receive a court order requiring the disclosure; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

HIV/AIDS Information. Use and disclosure of any medical information about you relative to HIV testing, HIV status, or AIDS, is protected by federal and state law. Generally, an authorization must be obtained for the disclosure of such information; however, state law may allow for disclosure of information for public health purposes.

Psychotherapy Notes. We must obtain an authorization for use or disclosure of psychotherapy notes, except under limited circumstances, such as (1) for treatment purposes by the originator of the psychotherapy notes; (2) for use in training programs in which mental health students, trainees, or practitioners learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; (3) for use or disclosure in defending ourselves in a legal action or other proceeding; or (4) with respect to oversight activities involving the person who created the psychotherapy notes.

3. **WHAT RIGHTS YOU HAVE REGARDING YOUR MEDICAL INFORMATION.**

The Right to Inspect and Copy. You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We will respond to you within 30 days after receiving your written request or within 60 days if the records are not stored on the premises. We will notify you in writing if it will take longer for us to respond.

To inspect and receive a copy of medical information that may be used to make decisions about you, you may contact the person listed in section (5) below in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

In certain limited situations, we may deny your request, such as when research is in progress. If we do, we will advise you in writing in a timely manner of our reasons for the denial and information on how you may have the denial reviewed. We will comply with the outcome of any such review.

The Right To Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment or health care operations. You may **not** limit the uses and disclosures that we are legally required or allowed to make.

We may deny certain requests. If we do agree to your request, we will comply with it unless the information is needed to provide you emergency treatment.

To request restrictions on the use or disclosure of your medical information, you may do so at the time you register for medical services. Your request must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse). You may also request such a restriction at any time by contacting the person listed in section 5 below in writing.

A previously agreed to restriction may be terminated by you or the Anastasia Medical Group, either orally or in writing. If we terminate the restriction, we can only use or disclose medical information we create or obtain after such restriction is terminated.

The Right To Amend. If you believe that medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add the missing information. You have the right to request an amendment for as long as the information is kept by Anastasia Medical Group. To request an amendment you must provide the request in writing along with your reason for the request to the person listed in section 5 below. We will respond within 60 days of receiving your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the medical information is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

The Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of instances in which we have disclosed medical information about you, with certain exceptions specifically defined by law. The list will not include certain uses or disclosures, such as those you have specifically authorized and those that are otherwise permitted, such as ones made for treatment, payment, or health care operations, directly to you, to your family, or in our patient directory.

To request this list or accounting of disclosures, you must submit your request in writing to the person listed in section 5 below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the list (for example, on paper, electron). The first list you request within a 12 month period will be free. For additional lists during the same year, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will respond within 60 days of receiving your request. We will notify you in writing if we need an additional 30 days to respond. The list we will give you will include the date of each applicable disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure.

The Right to Request Confidential Communications. You have the right to ask that we send information to you to an alternate address (for example, if you want appointment reminders to not be left on an answering machine or if you want information sent to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We will agree to all reasonable requests so long as we can easily provide it in the format you requested. To request medical information be sent to an alternative address or by other means, please contact the person listed in section 5 below.

The Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice by e-mail, you are still entitled to a paper copy. To obtain a paper copy of this Notice, please contact the person listed in section 5 below.

4. COMPLAINTS

If you believe that we may have violated your rights with respect to your medical information, you may file a written complaint with the person listed in Section 5 below. You may also send a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 515F, HHH Building, Washington, D.C. 20201 within 180 days of an alleged violation of your rights.

You will not be penalized for filing a complaint about our privacy practices. You will not be required to waive this right as a condition of treatment.

5. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this Notice or wish to make a complaint about our privacy practices, please contact **Kalpna Shrestha at (904) 461-0821**. Written requests or complaints should be sent to this person at 1301 Plantation Island Drive, Suite 203A, St. Augustine, Florida 32080.

6. CHANGES

We reserve the right to change the terms of this Notice and our privacy policies at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. Before we make an important change to our policies, we will promptly change this Notice in Anastasia Medical Group registration area. You can also request a copy of this Notice from the contact person listed in Section 5 above at any time.

7. ACKNOWLEDGEMENT

You will be asked to sign an acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgement from you. However, your receipt of care and treatment from Anastasia Medical Group is not conditioned upon your providing the written acknowledgement.