

HIPAA 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.

Robert Hernando, M.D.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA).

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. It is our intention to advise you of the permissible uses and disclosures. The services will not be conditioned upon your signed acknowledgment.

NOTICE OF PRIVACY PRACTICES

This Notice describes the types of uses and disclosures regarding your Protected Health Information (hereafter referred to as "PHI"); it explains how, when and why we use and disclose PHI about you; it notifies you that we may use and disclose your PHI as described in this Notice.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "on-call coverage" for your health care provider.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

We are required to protect the privacy of your health information that can identify you. This information is called "PHI." We understand that mental health and other health information about you is personal. We are committed to protecting PHI about you. We must protect PHI information that we created or received about your past, present, or future health condition; the services, care and treatment provided to you; or payment for your health care.

HOW MAY WE USE AND DISCLOSE PHI ABOUT YOU

For Treatment: We may use and disclose PHI about you to provide you with medical and mental health care and other related services. We may use and disclose PHI about you to provide, coordinate or manage your medical and mental health care and other related services.

- We may disclose PHI about you to doctors, nurses, technicians, or other personnel who are involved with the delivery of services provided to you.
- We may communicate with other medical, mental and other health care providers regarding your treatment, the coordination, and management of your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services; or we may need to speak with your primary doctor or other provider about your health prior to prescribing certain medications.
- Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Health Care Operations: We may use and disclose your PHI in order to run the office and make sure that we provide quality care and reduce health care costs. Examples of the way we may use or disclose your PHI for "health care operations" include the following:

- To review and improve the quality, efficiency, treatment, services and cost of care provided to you and to evaluate the performance of staff providing services to you.
- To review and evaluate the skills, qualifications, and performance of health care providers taking care

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of you.

For Payment: We may use and disclose your PHI to others such as your insurance company and third party payers for purposes of receiving payment for the services rendered. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies;
- Insurance companies, health plans and their agents which provide you coverage;
- Consumer reporting agencies (e.g., credit bureaus).

Appointment Reminders: We may use and disclose your PHI to contact you regarding the scheduling of an appointment, to remind you of an appointment, and to send written notification of a scheduled appointment for treatment.

Treatment Alternatives: We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

To Avert Serious Threat To Health Or Safety: We may use and disclose your PHI consistent with applicable state and federal laws and standards of ethical conduct, if we in good faith believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or that of a person or the public; if the disclosure is made to a person or person(s) reasonably able to prevent or lessen the threat, including the target of the threat or is necessary for law enforcement authorities to identify or apprehend an individual. Additionally, we may use and disclose your PHI when the disclosure relates to victims of abuse, neglect or domestic violence.

Research: Under certain circumstances, we may use and disclose your PHI for research purposes, but only under specific criteria. You have the right to request information about these criteria and may obtain a copy of the policy by contacting the Privacy Officer in writing.

Worker's Compensation: We may release your PHI for worker's compensation or similar programs as authorized by state worker's compensations laws and programs.

Public Health Activities: We may use and disclose your PHI for public health reasons in order to prevent or control disease, injury or disability; report births, deaths, suspected abuse or neglect, nonaccidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities: We may use and disclose your PHI to a state or federal health oversight agency which is authorized by law to oversee our operations. These activities include audits, investigations, inspections, and licensure. These activities are required by government programs to monitor the health care system, government programs and compliance with applicable laws, including civil rights law.

Judicial Administrative Proceedings, Lawsuits And Disputes: If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Prior to this disclosure, we must make a good faith effort to inform you about the request or to obtain an order protecting the information requested and to follow applicable state laws.

As Required By Law: We will disclose your PHI when required to do so by federal, state or local law or other judicial or administrative proceeding.

Specialized Government Functions: If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may use and disclose your PHI to authorized federal, foreign and other national security officials when the use and disclosure is for activities deemed necessary to assure the proper execution of the military mission or for other specialized government functions.

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YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right To Restrict Uses And Disclosures: You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures as previously addressed in this Notice.

Right To Receive Confidential PHI: It is our practice to contact clients at the home number and address provided to us by the client. This contact information is documented in the client records. You have the right to request that we contact you in a different manner. This request is conditioned upon two requirements 1) you must provide us with the alternative phone and address or other method of contact 2) when appropriate, information as to how the method of payment, if any, will be handled. We must accommodate reasonable requests if you clearly state that the disclosure of all or part of the information that you are requesting could endanger you.

Right To Access and Copy PHI: You have the right to access, inspect and copy your PHI contained in clinical, billing and other records used to make decisions about you.

- The right of access to inspect and copy must be subject to and consistent with applicable laws as set forth in the Florida Statute. In addition to the Florida law requirements, the following exceptions apply: psychotherapy notes; information compiled in reasonable anticipation of or for use in a civil, criminal or administrative proceeding; or subject to the Clinical Laboratory Improvement Amendments of 1988.
- Instead of providing you with a full copy of your PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation.

Right To Request Amendment Of PHI: You have the right to request that we make amendments to your clinical, billing or other PHI records used to make decisions about you as long as the documentation is maintained in your medical records. Your request for amendment must be in writing and you must provide the basis for the requested amendment. If we accept your requested amendment, in whole or in part, we will respond in a timely manner and forward a copy of the amendments to relevant person(s), if necessary. If we deny your request for an amendment, we will respond to you in writing, stating the basis of the denial of your request.

Right to a Listing of all Disclosures: Upon written request, you have the right to receive an accounting of all disclosures of your PHI for a period of up to six (6) years prior to the date of your request.

Right To A Copy Of This Notice: You have the right to receive a paper copy of this Notice on the date you first receive service from us. In emergency situation, we will provide the Notice to you as soon as possible.

We reserve the right to change the terms of this notice and will inform you of any changes. You then have the right to object or withdraw as provided in this notice.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C., 20201. You will not be penalized for filing a complaint. We will not take any action against you or change our treatment of you in any way.

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Acknowledgment of receipt of Notice of Privacy Practices: Please print and sign below to acknowledge that you have received our Notice of Privacy Practices.

Patient/Legal Guardian Signature

Date

Client/Legal Guardian Signature