



Southeastern Integrated Medical, PL

Notice of Health Information Practices

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Introduction

At *Southeastern Integrated Medical, PL (SIMED)*, we are committed to treating and using protected health information about you responsibly. This "Notice" is effective April 14, 2003 and describes the personal information we collect, and how and when we use or disclose that information; describes your rights as they relate to your protected health information; and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit *SIMED*, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Legal document describing the care you received
- A tool in educating health professionals
- A source of data for our planning and marketing
- Means of communication among the many health professionals who contribute to your care
- Means by which you or a third-party payer can verify that services billed were actually provided
- A source of information for public health officials charged with improving the health of this state and the nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of *SIMED*, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528

- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

SIMED is required to:

- Abide by the terms of this notice
- Maintain the privacy of your health information
- Notify you if we are unable to agree to a requested restriction
- Provide you, when requested, this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our "Notice" change, we will provide you a copy upon request. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the practice's Compliance Officer, P.O. Box 357010, Gainesville, FL. 32635 at (352) 224-2200. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either party. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. **For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your health record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physicians or a subsequent health care provider with copies of various reports that should assist in treating you once you're discharged from SIMED. Relevant records provided to us from an outside provider or healthcare entity may be forwarded on for treatment purposes if those records were used in the medical decision making by the SIMED team.

Information obtained by SIMED's pharmacist may be used to dispense medications and may be used to monitor safety, compliance and effectiveness of your drug therapy. We may contact you to provide refill reminders, counseling, treatment alternatives, drug utilization review and other services we provide.

We will use your health information for payment. **For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, medications and supplies used.

We will use your health information for regular health operations. **For example:** Members of the medical staff, pharmacy, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Possible examples include outside billing services and crediting agencies, outside vendors for certain laboratory tests or courier services, or copy services we may use when making copies of your health

record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed their research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We are prohibited from selling your PHI without your authorization and have limitations on the use and disclosure of your PHI for marketing and fundraising purposes.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Disclosures

We will make every effort to meet the obligations required of us as a covered entity to protect your PHI. However, should a breach occur, you have the right to be notified. We will follow all laws and regulations in reporting any breach.

Employment

It is impermissible for the use of genetic information for underwriting and employment purposes.

**Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

(THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY)