

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.

ABOUT THIS NOTICE

Your medical record may contain personal information about your health. This information may identify you and relate to your past, present, or future physical or mental health condition and related health care services and is called Protected PHI Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

How We May Use and Disclose Your Protected Health Information

For Treatment: To provide, coordinate, or manage your healthcare treatment and any related services. We may disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

For Payment: To seek payment from your health plan, other sources of coverage such as automobile insurer, or from credit card companies you may use to pay for services. For example, your health plan may request or receive information for dates of service, services provided, and the medical condition being treated. **For Health Care Operations:** To support the daily activities of Tampa Bay Hand Center (TBHC). These activities may include, but are not limited to, quality assessment, patient safety, oversight of staff performance, practitioner training, licensing, communication about a product or service, and conducting or arranging other health care related activities. **Business Associates:** To certain companies ("business associates") that provide various services to TBHC (for example, transcription, software maintenance, legal services, and managed care support). The law requires that business associates protect your PHI and comply with the same HIPAA Privacy standards that we do.

Appointment Reminders/Treatment Alternatives/Health Related Benefits and Services:

To contact you to remind you that you have an appointment for treatment, or medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Public Health Reporting: To public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. **Reporting Victims of Abuse, Neglect, or Domestic Violence:** To government authorities that have the authority to receive such information, include a social service or protective service agency. **Inmates:** To a correctional facility with respect to inmates.

Communicable Diseases: To a person who may be

at risk of contracting or spreading a communicable disease. **Health Oversight:** To health oversight agencies legally authorized for audits, investigations, and inspections. This may include health care systems, government benefit programs, civil rights laws, and other government regulatory programs.

Required by Law: To government and other entities as required by federal or state law (including DoD and Military Department regulations). For example, we may be required to disclose your PHI to the Department of Health and Human Services (HHS) investigating HIPAA violations or to a DoD Inspector General conducting other investigations. **Legal Proceedings:** To parties in proceedings of courts and administrative agencies, including in response to a court order or subpoena. **Law Enforcement:** To law enforcement authorities. For example, to investigate a crime involving TBHC or its patients.

Coroners, Funeral Directors, and Organ Donations: To coroners, medical examiners, or funeral directors, and to determine the cause of death or for the performance of other duties. PHI also may be used and disclosed for cadaver organs, eyes, or tissue donations. **Workers' Compensation:** To the appropriate persons in order to comply with the laws relating to workers' compensation or similar programs. **Minors and Other Represented Beneficiaries:** To parents, guardians, and other personal representatives, generally consistent with the state law. **Verbal Permission:** To family members, or any other persons you identify, that are directly involved in your health care or payment for care. **Uses and Disclosures Requiring Your Authorization:** Disclosure of your PHI, or its use for any purpose other than those listed above, requires your specific written authorization. If you change your mind after authorizing use or disclosure of your PHI, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of PHI that occurred before you notified us of your decision to revoke your authorization.

Your Rights Regarding Your PHI
You have the following rights regarding your PHI. To exercise any of these rights, please submit your request in writing to our Privacy Officer. **Right to Request Access:** You have the right to inspect and obtain a copy of medical or health information that may be used to make decisions about your care. This usually includes medical and billing records. To inspect or obtain copies, you must sign an authorization form, allowing us to release this information to you. If you request copies of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and obtain a copy in certain, very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Health Science Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. **Right to Accounting of Disclosures:** You have the right to request an "accounting of disclosures" made by TBHC of your medical or health information that occurred in the past six years. The accounting of disclosures will include the date of the disclosure, the name of the entity or person who received the information, and, if known, the address, a brief description of the medical information disclosed, and a brief summary of the purpose of the disclosure. You must request this list in writing. Your request must state a time period that may not be longer than six years prior to the date of the request. The time period may be less than six years. Your request should state in what format you want the list, for example, on paper or electronically. The first list you request within a twelve month period will be provided to you free of charge. For additional lists during this same time period, 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. **Right to Amendment:** If you feel an that medical or health information that we have about you is incorrect or incomplete, you may ask us to amend

the information. You have the right to request an amendment for as long as the information is kept by TBHC. You must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason for the request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by us, is not part of the information which you would be permitted to inspect and copy, or is accurate and complete as it is. If we deny your request to amend the information, we will notify you in writing. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by telephone at work, or that we only contact you by mail at home. To request a confidential communication, you must make your request in writing on a designated form. We will not ask you the reason for your request. We will accommodate all reasonable requests. You must tell how we need to handle your bills for treatment and services. **Right to Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular surgery that you have had or visits to a particular doctor or clinic. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing. In your request you must tell us what information you want to limit, whether you want to limit our use or disclosure of the information (or both); and to whom you want the limits to apply (for example, disclosures to your spouse).

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Tampa Bay Hand Center or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint. To file a complaint with Tampa Bay Hand Center, contact:

Matt Berke, MHS, BS
Administrator
Tampa Bay Hand Center
13905 Bruce B. Downs Boulevard
Suite B
Tampa, FL 33613
813-978-9494