



Your Privacy Matters

This Notice describes how your protected health information (PHI) may be used and disclosed and how you can access your information. Please review it carefully. We are committed to protecting your privacy and complying with all applicable laws, including the **Health Insurance Portability and Accountability Act (HIPAA)**.

Our Duty to Protect Your Information

We recognize that your medical information is personal and confidential. By law, we are required to:

- Protect your PHI and notify you promptly if a breach occurs that may compromise your privacy.
- Provide you with this Notice detailing our legal duties and privacy practices.
- Follow the terms of this Notice unless updated. Any revisions will be posted in our office and on our website.

We **do not sell** your personal health information for marketing purposes and will only use it for treatment, payment, operations, or other permitted purposes as described below.

How We Use and Disclose Your Information

We **do not need your authorization** to use and disclose your PHI in the following cases:

1. For Treatment:

- We share PHI with doctors, nurses, and healthcare professionals involved in your care.
- Example: A cardiologist and primary care doctor coordinating treatment.

2. For Payment:

- We use PHI to bill and receive payment for services.
- Example: Providing insurance companies with necessary information for claim processing.

3. For Healthcare Operations:

- We use PHI to improve care quality, evaluate staff performance, and manage operations.
- Example: Reviewing medical records to enhance service quality.

4. Other Uses Permitted by Law:

- **Appointment Reminders & Health-Related Benefits:** We may contact you about upcoming visits or services that may benefit you.
- **Public Health & Safety:** Reporting diseases, vital statistics, and regulatory compliance.



- **Legal & Law Enforcement Requests:** Responding to court orders, subpoenas, or suspected abuse cases.
- **Research:** Under certain conditions, PHI may be used for approved medical research.
- **Organ Donation & Coroners:** Facilitating organ donation and assisting medical examiners.
- **Threats to Health & Safety:** Preventing harm or assisting in disaster relief efforts.
- **Workers' Compensation:** Complying with state workers' compensation laws.
- **Use of Artificial Intelligence (AI)–Assisted Documentation Tools:** We may use secure, HIPAA-compliant artificial intelligence (AI)–assisted documentation tools (also known as “AI scribes”) to help generate clinical notes and other medical documentation during or after your visit. These tools assist our healthcare providers by transcribing and organizing information from patient encounters into the electronic health record.

The use of AI-assisted documentation tools is limited to purposes of treatment, payment, and healthcare operations, as permitted under HIPAA. Any protected health information (PHI) processed by these tools is safeguarded through appropriate administrative, technical, and physical security measures, including encryption and access controls. We do not permit AI vendors to use your PHI for marketing, advertising, or the training of public or non-healthcare AI models. Any vendors involved are required to comply with HIPAA and are bound by Business Associate Agreements (BAAs) as required by law.

Your Rights Regarding Your PHI

You have specific rights concerning your medical information. To exercise any of these rights, please contact our Privacy Officer.

1. Access & Copies:

- You can request an **electronic or paper** copy of your medical record.
- We will provide a copy within **30 days** and may charge a reasonable fee.

2. Request Confidential Communications:

- You may ask us to contact you in a specific way (e.g., home phone, email, office visit) or send mail to an alternate address.
- We will honor reasonable requests in writing.

3. Request Restrictions on Sharing PHI:

- You may request that we **limit what we share** for treatment, payment, or operations.
- We **must agree** if you paid out-of-pocket in full and request that PHI is not shared with your insurance company.

4. Correct or Amend Your Medical Record:

- You can request corrections to inaccurate or incomplete information.
- We may deny requests but will provide a written explanation within **30 days**.



1601 Clint Moore Rd STE 100, Boca Raton, FL 33487

administration@lungdocsfl.com

www.lungdocsfl.com

Phone: 561-939-0200

Fax: 561-939-0274

5. Obtain a List of Disclosures:

- You can request a record of **who** we shared your PHI with, except for routine disclosures (e.g., treatment, payment, operations).
- One request per year is free; additional requests may incur a fee.

6. Receive a Copy of This Notice:

- You may request a paper copy at any time, even if you previously agreed to receive it electronically.

7. Choose Someone to Act for You:

- If you have given someone **medical power of attorney** or have a **legal guardian**, they may exercise your rights regarding your PHI.

How We Protect Your Information

We take strict measures to ensure the confidentiality and security of your PHI, including:

- **Secure Electronic Health Record (EHR) systems.**
- **Encryption & access controls** to protect data.
- **Staff training** on data privacy and HIPAA compliance.

Filing a Complaint or Requesting More Information

If you have concerns about how we handle your PHI or believe your privacy rights have been violated, you may:

- **Contact Our Privacy Officer:**
Pulmonary & Sleep Associates of South Florida, PA
1601 Clint Moore Rd, STE 100, Boca Raton, FL 33496
Phone: 561-939-0200
Email: administration@lungdocsfl.com
- **File a Complaint with the U.S. Department of Health and Human Services (HHS):**
Address: 200 Independence Avenue, S.W., Washington, D.C. 20201
Phone: 1-877-696-6775
Website: www.hhs.gov/ocr/privacy/HIPAA/complaints

We **will not retaliate** against you for filing a complaint.



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Updates to This Notice

We may update this Notice at any time. If we make significant changes, we will:

- Post the updated Notice in our office and on our website.
- Notify patients via email or mail when required by law.

By receiving care at **Pulmonary & Sleep Associates of South Florida, PA**, you acknowledge and agree to the terms of this Notice.