

**HIPAA Patient Notice of Privacy Practices**  
**Florida Heart & Lung Surgery**

This notice describes how medical information about you may be used and disclosed  
and how you can gain access to this information

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create records of care and services you receive at this practice, whether made by practice personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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

The law requires us to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that are currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **FOR TREATMENT** We may share medical information about you with family members, physicians, clergy, or others we use to provide services that are part of your care, medical treatment, or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the office. We may also disclose medical information about you to people outside the office who may be involved in your medical care; such as, physicians, family members, clergy, or others we use to provide services that are part of your care.
- **FOR PAYMENT** We may use and disclose medical information about you so that the treatment and services you receive at the practice may be billed to and payment may be collected from you, an insurance company or a third party.
- **FOR HEALTH CARE OPERATIONS** We may use and disclose medical information about you for practice operations. These uses and disclosures are necessary to run the practice and see that all of our patients receive quality care.
- **APPOINTMENT REMINDERS AND CALLBACKS** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment at the practice. We may also use information to contact you following a procedure so as to verify your recovery.
- **TREATMENT ALTERNATIVES** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- **AS REQUIRED BY LAW** We will disclose medical information about you when required to do so by federal, state, or local law.
- **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 or the health and safety of the public or another person.
- **ORGAN AND TISSUE DONATION** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donor bank, as necessary to facilitate organ or tissue donation and transplantation.
- **MILITARY AND VETERANS** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

- **WORKERS' COMPENSATION** We may release medical information about you for workers compensation or similar programs.
- **PUBLIC HEALTH RISKS** We may disclose medical information about you for public health activities. These activities may include: the prevention or control of disease, reporting births and deaths, reporting child abuse or neglect, to notify people of recalls, and to report reactions to medications.
- **HEALTH OVERSIGHT ACTIVITIES** We may disclose medical information to health oversight agencies for activities authorized by law. These activities are necessary for the government to monitor the health care system, govern programs, and compliance with civil rights laws.
- **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 subpoena, discovery request, or other lawful process by someone else in dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **LAW ENFORCEMENT** We may release medical information if asked to do so by a law enforcement official in response to a court order, to identify or locate a suspect, witness, or missing person, about the victim of a criminal conduct at the hospital or practice, and in emergency circumstances to report a crime.
- **CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS** We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **INMATES** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **RIGHT TO INSPECT AND COPY** You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Florida Heart and Lung Surgery. If you request a copy, mailing, or other supplies associated with your request, we may deny your request to inspect under certain very limited circumstances. If you are denied access to medical information you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and denial. We will comply with the outcome of the review.

- **RIGHT TO AMEND** If you feel that medical information 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 or for the practice. You should contact Florida Heart and Lung Surgery to discuss this process.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. You should contact Florida Heart and Lung Surgery to discuss this process.
- **RIGHT TO REQUEST 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, like a family member or friend.

***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 emergency treatment. You must make your request in writing to the Privacy Official.***

- **RIGHT TO A PAPER COPY OF THIS NOTICE** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, ask the Receptionist.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. 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.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Practice Privacy Official or with the Secretary of the Department of Health and Human Services, 200 Independence AVE., SW, Room 509F, HHH Building, Washington, DC 20201. Complaints must be made in writing. You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and discloses of medical information not covered by this notice or the laws that apply to us will be made only with your 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 reason covered by your written authorization. You understand that we are unable to take back any discloses we have already made with your permission, and that we are required to retain our records of the care that we provided to you.