

HIPAA NOTICE OF PRIVACY PRACTICES

EMERALD WATERS MEDICAL CLINIC, LLC

Mauricia Stanton, PhD, ARNP-BC

1005 College Blvd West, Ste B

Niceville, FL 32578-1060

850.279.6815

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.

Florida Statute 164.530 requires us to maintain the privacy of your medical information and to tell you our duties and practices regarding your medical information. This Notice of Privacy describes how we may use and disclose our protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI." Protected Health Information is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information (PHI)

Your PHI may be used and disclosed by your provider, our office and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the provider's practice, and any other use required by law.

Treatment

We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to 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 or treat you.

Payment

Your PHI will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital. We may also share your medical information with the insurance company paying for your care.

Healthcare Operations

We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students or nurses that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as required by law: Public Health Issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings Law Enforcement, Coroners, Funeral Directors, and Organ Donation; Research: Criminal Activity, Military Activity and National Security, Workers Compensation, and Inmates; Required Uses and Disclosures: Under the Law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

You may revoke this authorization, at any time, except to the extent that your provider or the provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect the following records: psychotherapy notes; information compiled to reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described on this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your provider is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit the use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communication from us by alternative means or at an alternative Location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively. i.e. electronically.

You may have the right to have your provider amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we may have made, if any, of your PHI. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against your filing a complaint.

Test Results

_____ **(Initials)** I am fully aware of the HIPAA Privacy Act and elect to be notified of abnormal test results via:

- Home phone
- Cell phone with voice Mail
- Work phone with voice Mail

_____ **(Initials)** Please provide the name(s) of person(s) if any, to whom you would permit Emerald Waters Medical Clinic to disclose PHI as necessary for your continuous healthcare services.

Full Name

Phone Number

Spouse: _____

Please Circle:
Family/ Friend _____
Family/Friend _____

By signing this, I have acknowledged that I received a copy of this Privacy Notice.

_____ **Print Name**

_____ **Signature**

_____ **Date**