

OSTEOPATHIC WELLNESS CENTER

Laura T. Rampil, DO, PA
1850 Lee Road, Suite 240
Winter Park, FL 32789

Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "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. We are required to abide by the terms of this notice. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised notice in person or by mail. If you have any questions about this notice, please contact our Privacy Officer.

1. Permitted Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff or others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. The following are examples of the types of uses and disclosures the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your information, as necessary, to a home health agency that provides care to you. We will also disclose protected information to other physicians who may be treating you to ensure they have the necessary information to diagnose or treat you. In addition, we may disclose your information to another health care provider (such as a laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your diagnosis or treatment.

Payment: With your consent, your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, a referral for an MRI scan may require that your information be disclosed to your health plan to obtain approval for the test.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students and residents, licensing and conducting or arranging for other business activities. For

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example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the physician is ready to see you. As your healthcare provider, we will use telephone communication to notify you of a pending appointment or other healthcare related communication. We may also disclose to third parties who answer your phone limited protected health information regarding pending appointments, and to leave a reminder on your voicemail system or answering machine. We may also leave a message regarding the results of testing ordered by the physician. We will share your protected information with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected information, we will have a written contract that contains terms to protect the privacy of your information. We may use or disclose your information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a postcard or newsletter about our practice and health and wellness information. You may contact our Privacy Officer to request that these materials not be sent to you.

Others Involved in your Healthcare: We may disclose your protected health information to your legal representative or other persons you consent to and identify in writing. We may use or disclose your information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.

2. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent or Authorization

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your protected health information to the extent that it is required by law. This will be done in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Research: We may disclose your protected health information to researchers when their research has been approved and the use or access to your protected health information has been determined to be necessary by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information in accordance with the federal Privacy Regulations.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a

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determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Other: 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 et. seq.

3. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization, at any time, in writing, except to the extent that your physician or Dr. Laura Rampil, D.O. P.A. has taken an action in reliance on the use or disclosure indicated in the authorization.

4. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the information. A “designated record set” contains medical and billing records and any other records that your physician and Laura T. Rampil, DO, PA uses for making decisions about you. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Under federal law, however, you may not inspect or copy the following notes: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about your access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to

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permit use and disclosure of your information, it will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by submitting it in writing to your Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice. It excludes disclosures we may have made to you. You have the right to receive specific information regarding these disclosures that occurred for a 6-year period prior to the date of your request but not before April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to request and retain a paper copy of this notice from us. No later than the date of the first service delivery on or after April 14, 2003, a copy of this notice shall be provided to you.

You have the right to a copy of changes to this notice. We reserve the right to change this notice and to make the revised notice also effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, reflecting its effective date at our office location, 1850 Lee Road, Suite 240, Winter Park, FL 32789.

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 Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer at 407-380-7799 or in writing at: Laura T. Rampil, DO, PA, 1850 Lee Road, Suite 240, Winter Park, FL 32789.