

The Arthritis Center

of the Palm Beaches
Specializing in Non-Surgical Orthopedics

NOTICE OF PRIVACY PRACTICES THE ARTHRITIS CENTER OF THE PALM BEACHES 10301 Hagen Ranch Road, Suite B-550 Boynton Beach, FL 33437 (561) 469-6401

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you.

Request an electronic or paper copy of your medical record

- You can ask to view or request an electronic or paper copy of your medical record and other health information we have on file for you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We will charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may decline your request but we'll advise you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (i.e., home telephone, mobile telephone) or to send mail to a different address.
- We will agree to reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may decline if it affects your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information.

Obtain a list of those with whom we've shared your information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and health care operations and other certain disclosures.
- We'll provide one accounting a year at no cost but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Obtain a copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will promptly provide you with a paper copy.

Choose someone to act for you

- If you have given someone medical Power of Attorney or if someone is your Legal Guardian, that person can exercise your rights and make choices about your health information.
- We will ensure that this individual has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can make a complaint if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your health care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference (i.e., if you are unconscious), we may proceed to share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes

In the case of fundraising:

- We may contact you for fundraising efforts but you can request for us to refrain from contacting you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you (i.e., we may refer you to a physician for treatment and provide various reports that could assist them in treating your health condition or we may share health information with a pharmacy to fulfill a prescription for medication).

Run our organization

We can use and share your health information to run our practice, improve your care and contact you when necessary (i.e., we use health information about you to manage your treatment and services, with our accountant or attorney for audit purposes or for quality assessment and accreditation).

Bill for your services

We can use and share your health information to bill and get payment from health insurance companies or other entities (i.e., we give information about you to your health insurance plan so it will pay for your services).

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as preventing disease, assisting with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence and preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to verify that we're complying with Federal Privacy Law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For Workers' Compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, National Security and/or Presidential Protective Services

Respond to lawsuits and legal actions

- We can share health information about you in response to a Court or Administrative Order, or in response to a subpoena.
- We will not share any substance abuse treatment records without your written permission.
- In addition to the federal rules regarding Healthcare Privacy, we will follow Florida State Law. The State of Florida requires greater limits on mandatory disclosures including the following: Gunshot Wounds and Life-Threatening Injuries, Suspected Child Abuse, Suspected Vulnerable Adult Abuse, Sexual Battery, Deaths, Public Health Surveillance and Worker's Compensation.
- The State of Florida also requires greater limits on Disclosures to Law Enforcement.
- The State of Florida has three permitted, but not required disclosures: Disabled Drivers, DUI and Motor Vehicle Accidents, Clinical Social Worker, Mental Health Counselor and Psychotherapy/Psychiatry Communications.

We do not create or maintain psychotherapy notes nor do we create or manage a hospital directory.

Our Responsibilities

- We are required by law to maintain the privacy and security of your Protected Health Information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and Privacy Practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you grant us permission in writing. If you do allow us to share your information, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office and on our web site.

Our Privacy Officer can be reached at (561) 469-6401 or info@arthritiscenterpb.com