

# Boca Integrative Health, P.A.

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## **NOTICE OF PRIVACY PRACTICES**

Effective Date: April 1, 2003

**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.**

If you have any questions about this notice please contact the Privacy Official by calling our office number.

Each time you visit a hospital, physician, or other healthcare provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment plan including future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by your physician, whether made by the physician, office medical, billing personnel, or Business Associates such as insurance payers.

Clinical laboratory, hospitals, or specialty service facilities may have different policies or notices regarding the use and disclosure of your medical information created at those facilities. Please contact those facilities directly for their Notice of Privacy Practices.

### **Our Responsibilities**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

### **Uses and Disclosures**

*How we may use and disclose Medical Information about you.*

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, therapists, nurses, technicians, medical students, or other practice personnel who are involved in your medical care. For example: a doctor treating you for a broken leg may need to know if you have diabetes (because diabetes may slow the healing process) and forward a request for blood work to the practice technician.

We may also provide a partner physician a copy of various reports for the purpose of peer review, plan of treatment consultation, and/or for the purpose of substitute care in the physician's absence.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer (including family). For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it. Although we will attempt to limit its use, we reserve the right to disclose information, in our discretion, to collect monies owed, including to collection companies, courts, or any other entity to the extent we believe necessary to obtain reimbursement or payment.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve.

For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information we have with that of other affiliated practices to see where we can make improvements. Wherever possible, we will remove information that identifies you from this set of medical information to protect your privacy.

**We may also use and disclose medical information:**

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To contact you as part of fund raising efforts;
- For Population based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of health care professionals.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include radiology, outside laboratories, transcriptionists, and billing services.

When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**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 or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Future Communications:** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our physician participates.

**Affiliated Covered Entities:** Protected information will be made available to personnel at affiliated physicians, hospitals, psychiatric or rehabilitation facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other practices may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment. Please contact the Privacy Official for further information on the specific sites included in this affiliated covered entity agreement.

**As Required by Law:** We may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration;
- Secretary of Department of Health and Human Services;
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability;
- Correctional Institutions;
- Workers Compensation Agents;
- Organ and Tissue Donation Organizations;
- Military Command Authorities;
- Health Oversight Agencies;
- Funeral Directors, Coroners and Medical Directors;
- National Security and Intelligence Agencies;
- Protective Services for the President and Others.

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement and/or legal proceeding purposes as required by law or in response to a valid subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the State privacy laws are more stringent than Federal privacy laws, the State law preempts the Federal law.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, *you have the 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. Usually, this includes medical and billing records, **but does not include psychotherapy or psychiatric notes.** We may deny your request to inspect and copy in 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 the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review and forward the decision to you in writing.

**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 physician. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial in writing.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information and does not include disclosures for treatment, payment, operations, or to you or your authorized representative.

**Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. The practice will grant requests for confidential communications at alternative locations and/or via alternative means only if: (a) the request is submitted in writing, and (b) the written request includes a mailing

address where the individual will receive bills for services rendered by the provider and related correspondence regarding payment for services.

Please realize *we reserve the right to contact you by other means* and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**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 for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**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 or is required by your insurance carrier under our contract with that payer (e.g. Medicare).

**A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To exercise any of your rights, please obtain the required forms from the Privacy Official to submit your request in writing.

### **Changes to this Notice**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be available at the front desk and include the effective date. We can provide additional copies of the notice when you check in for future appointments, at your request.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Privacy Official or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

### **Other Uses and Disclosures of Medical Information**

Other uses and disclosures 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 reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Privacy Official**

Name: ANDREW J. RADER, ESQ, CEO  
Telephone Number: 561-391-2770