

INTERNAL MEDICINE & PEDIATRICS OF TAMPA BAY  
NOTICE OF PRIVACY PRACTICES

This information is made available on request by a patient

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.

THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE  
PRACTICE, WHETHER MADE BY THE PRACTICE OF AN ASSOCIATED FACILITY.

This notice describes our Practice's policies, which extend to:

- Any health care professional authorized to enter information into your chart (including physicians, PA's, RN's, etc.);
- All areas of the Practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our Practice;
- Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OUR THOUGHTS ABOUT PROTECTED HEALTH INFORMATION:

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for our care and to comply with certain legal requirements.

Practice Name: **Internal Medicine & Pediatrics of Tampa Bay PA**

*Compliance/Privacy Officer: Lisa Yaratch- Office Manager      Date of Last Revision: 05/26/2017      Effective Date: 05/26/2017*

We are required by law to:

- Make sure that the protected health information about you is kept private;
- Provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- Follow the conditions of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of used or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

- Medical Treatment: we use medical information about you to provide you with current or prospective medical treatment or services. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you ongoing or further care may need your medical record. Different areas of the Practice also may share medical information about you including your records(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the Practice who may be involved in our medical medical care after you leave the Practice; this may include your family members, or other personal

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representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

- Verbal Permission: We may use or disclose your information to family members that are directly involved in your medical care with your verbal permission.
- Payment: We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior authorization for payment.
- Health Care Operations: We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacies of your medical records.
- Appointment and Patient Recall Reminders: We may ask that you sign in writing at the Receptionists Desk, a "Sign In" log on the day of your appointment with the Practice. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. Unless you tell us otherwise, this contact may be by through the patient portal, by phone, in writing, as an e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machines, or otherwise which could (potentially) be received or intercepted by other.
- Emergency Situations: In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.
- Research: Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medication, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

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- 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 either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- 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 donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- Workers Compensation: We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public Health Risks: Law or public policy may require us to disclose medical information about you for public health activities. These activities include the following:
  - To prevent or control disease, injury or disability;
  - To report births and death;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a personal who may have exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Investigation and Government Activities: We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payer, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil right laws.
- Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or for lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.
- Law Enforcement: We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the Practice; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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- Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Practice 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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health a safety or the health and safety of other; or (3) for the safety and security of the correctional institution.

**INDIVIDUAL RIGHTS**

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regards to the information contained therein:

- You have the right to request restrictions on certain uses and disclosures of protected health information.
  - However, we have the right to refuse to agree on a requested restriction.
- You have the right to confidential communications of protected health information.
  - The above notice of privacy provides how we will use or communicate your private health information. If you have any questions or concerns, please notify the office manager.
- You have the right to inspect your protected health information.
  - We will require this request to be made in writing to the office manager. The office manager, will contact you to schedule a time for inspection and copying of medical records if your request is approved. Fees for this service may apply.
- You have the right to request a copy of your protected health information.
  - We will require this request to be made in writing to Internal Medicine & Pediatrics of Tampa Bay, utilizing an appropriate HIPAA compliant release form.
  - Internal Medicine & Pediatrics has the right to charge you the cost for copying of medical records, as allowed by the State of Florida.
  - Internal Medicine & Pediatrics will have 30 days to comply and has the right to request an additional 30 day extension to your request if necessary.
- You have the right to request a copy of your protected health information that has been generated through our electronic medical records program, on an electronic format, by copying your protected health information to a compact disc (CD) or flash drive.
  - Internal Medicine & Pediatrics has the right to charge you the cost of producing your medical records to a compact disc or flash drive.
- You have the right to request us to amend protected health information.
  - However, Internal Medicine & Pediatrics has the right to refuse to change medical documentation & diagnosis.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. 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 may receive from you in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

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COMPLAINTS

If you believe your privacy your privacy rights have been violated, you may file a complaint with the Practice or with Secretary of the Department of Health and Human Services. To file a complaint with Practice, contact our office manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

The Office Manager can be reached at this number: **813-961-2222**  
You will not be retaliated on for filing a complaint.

OTHER USES 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, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your 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 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.