

## NOTICE OF PRIVACY PRACTICES

**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.**

### **I. WHAT THIS IS**

This Notice describes the privacy practices of Hector N. Hernandez, M.D., P.A. ("the Practice"). We are required by law to maintain the privacy of medical and health information about you ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to PHI.

### **II. DISCLOSURE OF PHI**

When we use or disclose PHI, we are required to abide by the terms of this Notice (or any other notice in effect at the time of the use or disclosure). In certain situations, described below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for treatment, payment purposes and our own health care operations, and we may use and disclose PHI, but not your "Highly Confidential Information" (defined below), in order to treat you, obtain Payment for services provided to you and conduct our "Health Care Operations". We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive Payment for services they render to you, or conduct certain Health Care Operations.

We may also make the following disclosures:

**Disclosure to Relatives, Close Friends and Other Caregivers.** We may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such uses or disclosures, please notify the Privacy Officer. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. We may also disclose PHI in order to notify such persons of your location, general condition or death.

**Special Consent.** Confidential HIV related information, treatment for substance abuse or sexually transmitted diseases information will never be used or disclosed to any person without your specific written consent, except as may be permitted by law.

**Public Health Activities; Health or Safety.** We may disclose PHI for public health activities and to a health oversight agency. We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

**Judicial and Administrative Proceedings; Law Enforcement; Required by Law.** We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. We may disclose PHI to units of the government. We may disclose PHI as otherwise required or permitted by law.

**Highly Confidential Information.** In addition, federal and state law requires special privacy protections for certain Highly Confidential Information about you ("Highly Confidential Information"). In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

### **III. USE AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

For any purpose other than the ones described above, we only may use or disclose PHI when you give us your authorization on our authorization form.

#### IV. YOUR INDIVIDUAL RIGHTS

**For Further Information; Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact our Privacy Officer. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

**Additional Information.** You may request restrictions on our use and disclosure of PHI (1) for Treatment, Payment and Health Care Operations, (2) to individuals involved with your care or with Payment related to your care, or (3) to notify individuals regarding your location and general condition. All requests for such restrictions must be made in writing. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Officer and submit the completed form to the Privacy Officer. We will send you a written response. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you desire access to your records, please obtain a record request form from the Privacy Officer and submit the completed form to the Privacy Officer. You may revoke any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Officer and submit the completed form to the Privacy Officer. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. Upon written request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

#### V. EFFECTIVE DATE AND DURATION OF THIS NOTICE

1. **Effective Date.** This Notice is effective on April 14, 2003.
2. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in waiting areas of the Practice. You may also obtain any revised notice by contacting the Privacy Officer.

#### VI. PRIVACY OFFICER

You may contact the Privacy Officer at:

Hector N. Hernandez, M.D., P.A.  
P. O. Box 512284  
Punta Gorda, FL 33951-2284  
1-941-764-0660