

Notice of Privacy Practices

Negroski, Sutherland and Hanes Neurology
1921 Waldemere Street, Suite 701 Sarasota, FL 34239



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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. This Notice of Privacy Practices describes how we may use and disclose your Personal Health Information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI, which 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 by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals should a breach of unsecured PHI occur.

A. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

This medical practice collects health information about you and stores it in an Electronic Health Record (EHR/EMR). The medical record is the property of this medical practice but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes disclosure of medical information to our employees and others who are involved in your care. For example, we may share your medical information with other physicians, pharmacists, and health care providers who will provide services that we do not provide.
2. Payment: We use and disclosed medical information about you to obtain payments for the services we provide. For example, we give your health insurance plan the information it requires prior to obtaining payment. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. We may disclose information when obtaining necessary authorizations or referrals as required by your insurance carrier.
3. Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of the practice as well as other health care providers, health care clearinghouses or health plans that have a relationship with you and have requested assistance in activities, including but not limited to: quality assessment, employee review, EHR support and implementation, training of staff and medical students, care coordination activities, patient safety activities, licensing, accreditation, health care fraud and abuse detection, and conducting or arranging for other business activities. We may also share your medical information with our business associates, i.e. our EHR vendor and billing service, which performs administrative services for us; Electronic prescription gateways, and Health Information Exchanges. We have a written contract with each business associates that requires them to protect confidentiality and security of your PHI. In addition, we may use a sign-in sheet at the registration desk where you may be asked to sign your name and indicate your physician. We may call you by name in the waiting room. We may also use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

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4. Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care or payment about your location, your general condition or PHI that directly relates to that person's involvement in your health care. If you are unable or unavailable to agree or object, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

5. Other Uses or Disclosures: We may also use or disclose your information for certain other purposes allowed by 45 CFR § 164.512 or other applicable laws and regulations, including but not limited to the following: To avoid a serious threat to your health or safety or the health or safety of others; as required by state or federal law such as reporting abuse, neglect or certain other events; as allowed by workers compensation laws for use in workers compensation proceedings; emergency disaster relief; certain public health activities such as reporting certain diseases; for certain public health oversight activities such as audits, investigations, or licensure actions; in response to a court order, warrant or subpoena in judicial or administrative proceedings; for certain specialized government functions such as the military or correctional institutions; in response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes; to coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law. We may disclose your health information as necessary to comply with workers' compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

6. Marketing: Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. You have the right to restrict any marketing activities. Once we receive your restriction of marketing activities in writing, we will stop future use immediately.

7. Breach Notification: In the case of a breach of unsecured PHI, we will notify you as required by law. In some circumstances, a business associate may provide the breach notification.

B. WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

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C. YOUR HEALTH INFORMATION RIGHTS

You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

1. **Right to Request Special Privacy Protections:** You have the right to request restrictions on the use or disclosure of information for treatment, payment, or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you pay for in full out-of-pocket for an item or service, and you request that information concerns such item or service not be disclosed to a health insurer.
2. **Right to Request Confidential Communications:** We normally contact you by telephone or mail at your home address or contact information you provided to us. You may request that we contact you by alternative means or at alternative locations. We will accommodate all reasonable.
3. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect or a copy, and your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format, i.e. paper format. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance the cost of preparing an explanation or summary. We have the right to deny your request. If we deny your request to access the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have the right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. **Right to Amend or Supplement:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a written request to our Privacy Officer to amend your PHI and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information. We may deny your request if we do not have the information, if we did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. **Right to an Accounting of Disclosures:** You have a right to receive an accounting of certain disclosures of your health information made by this medical practice, except for the disclosures described in this Notice, disclosures you asked us to make, disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law; disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. You may receive the first accounting within a 12-month period free, additional disclosure requests are subject to a reasonable cost-based fee.
6. **Right to a Paper or Electronic Copy of this Notice:** You have a right to receive a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

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Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available upon request. We will also post the current notice on our website.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. You will not be penalized in any way for filing a complaint.

Contact Information

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact us and ask for our Privacy Officer.

Negroski, Sutherland & Hanes Neurology
Attn: Privacy Officer
1921 Waldemere Street, Suite 701
Sarasota, FL 34239

Phone: (941) 487-2160
Fax: (941) 487-2170

Effective Date: This notice is effective as of September 23rd, 2013.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES ON SEPARATE PAGE