

## 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. IT APPLIES TO TALLAHASSEE PRIMARY CARE ASSOCIATES, P.A. AND ALL OF THE DEPARTMENTS, UNITS AND FACILITIES. PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this Notice please contact our Privacy Officer and staff at:**

*Tallahassee Primary Care Associates, P.A.  
Administrative Offices  
1803 Miccosukee Commons Drive  
Tallahassee, Florida 32308  
Telephone (850) 297-0114  
Fax (850) 297-0314  
E-mail [Compliance@TallahasseePrimaryCare.com](mailto:Compliance@TallahasseePrimaryCare.com)*

### **1. INTRODUCTION AND PURPOSE OF THIS DOCUMENT:**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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. Protected health information also includes information about the provision of health care services to you and payment relating to these health care services. If you have any concerns or objections as to how we use your protected health information, please contact our Privacy Officer at the phone number or email address above.

We are required by law to maintain the privacy of protected health information to provide you with a notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. These laws do however permit disclosure of Protected Health Information under certain circumstances and many of those circumstances are described in the Privacy Notice. We are required to abide by the terms of this Notice of Privacy Practices. We will give you a copy of our Notice for your review in your initial visit with us. You may obtain a copy at any time subsequent to your initial visit by request in our offices or by visiting our website at [www.TallahasseePrimaryCare.com](http://www.TallahasseePrimaryCare.com).

We reserve our right to revise, make new provisions or change the terms of this Notice of Privacy Policies, at any time. The new Notice will be effective for all protected health information that we maintain at that time. Such revised Notice will be made available to you by posting on our website. You may also contact our Privacy Office at anytime to obtain the latest policy.

The following descriptions and examples of how our Privacy Policy is implemented are not meant to be exhaustive, but to reasonably describe the types of uses and disclosures that may be made by our organization once you have accepted our services, and thereby granted your consent.

### **2. HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:**

**WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION AS DESCRIBED IN THIS NOTICE BASED ON YOUR CONSENT WHICH MAY BE IMPLIED:** Unless you notify our Privacy Officer in writing that you object to our privacy practices, your consent to and acceptance of services by any of our professionals or staff means that you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations, and you consent to your physician being permitted to disclose your protected health information as described in this Notice of Privacy Practices. Please note, however, that, notwithstanding anything else in this notice, in order to receive services you must sign our form authorizing us to share information with insurance companies and other entities that provide payment for services we render to you. We will ask you to sign this form during your initial visit with us, and we will keep your authorization on file.

**WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides

care to you. We may also disclose protected health information to other physicians who may be treating you or with whom we may be consulting about your care. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

We may contact you for the purpose of treatment or follow-up communications, which may include leaving a message on your phone or answering machine, sending an email to you and/or mailing or overnighting correspondence to you. In these instances we will contact you based on the most current information that we have in our patient demographic record for you. It is your responsibility to help us keep our files updated appropriately for any changes that will affect our correspondence. We will ask you to review this information at least periodically when you are in our facilities to help us determine changes that are necessary. Such contact may be for the purpose of reminding you of appointment times, informing you of preparations that are necessary for services and testing ordered by your physician, and/or communicating instructions or results to you.

**WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO OBTAIN PAYMENT.** Your protected health information will be used, as needed, to obtain payment for health care services provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

As a part of these payment activities, we will verify eligibility and/or obtain verification of insurance coverage. The billing of services for you to insurance companies or governmental agencies that are responsible for the payment of such services requires us to be able to determine your eligibility for coverage and engage in correspondence on your behalf. Such correspondence may include, but not be limited to telephone calls, faxes, e-mails and any written correspondence for the collection of information.

Also as a part of these payment activities, we will make efforts to collect outstanding amounts for services provided to you for which you are personally responsible. We may contact you for the purpose of these billing and collections efforts, which may include leaving a message on your phone or answering machine, sending an email to you and/or mailing or overnighting correspondence to you. In these instances we will contact you based on the most current information that we have in our patient demographic record for you. It is your responsibility to help us keep our files updated appropriately for any changes that will affect our correspondence. We will ask you to review this information at least periodically when you are in our facilities to help us determine changes that are necessary. We may, if the needs arise, use outside collection agents to assist us in our collections with you. Such agents may be engaged by this organization for the purpose of collecting amounts owed and owing for services provided. If we have difficulty locating you, or if we deem necessary, we will obtain address corrections and corrections to demographic information for you as patient from sources that are available and which are engaged by us for such purposes.

It is important for you to understand that all of our patient billing and collection correspondence will be sent to the primary guarantor, meaning the primary insured person, when the insurance coverage includes coverage for anyone in your family other than the primary guarantor.

**WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR HEALTH CARE OPERATIONS.** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of our staff as well as medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office.

In addition, we may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**WE WILL SHARE YOUR PROTECTED HEALTH INFORMATION WITH THIRD PARTY "BUSINESS ASSOCIATES".** "Business Associates" is a term that describes third parties that perform various activities for the practice. Examples of business associates include accountants, clearing houses that transmit insurance claims on our behalf, and transcriptionists. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. Among others we may share your protected health information with business associates through the use of shared electronic medical records data bases, Regional

Healthcare Information Organizations, and Health Information Exchanges. Such organizations exist to improve the communication and coordination of your health care.

**WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION AMONG ALL PROVIDERS AND STAFF WITH TALLAHASSEE PRIMARY CARE ASSOCIATES.** Your protected health information will be made available to personnel at all facilities of Tallahassee Primary Care Associates as necessary to carry out treatment, payment, and health care operations. Caregivers and staff at all Tallahassee Primary Care Associates facilities may have access to protected health information at their locations to assist in reviewing your information as it may affect your treatment or the coordination of your care. **If you have questions concerning our organization and the locations and providers that are part of our organization, please review our web site [www.TallahasseePrimaryCare.com](http://www.TallahasseePrimaryCare.com), inquire with your physician, or contact our Privacy Officer.**

**WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO DETERMINE TREATMENT ALTERNATIVES OR OTHER HEALTH RELATED BENEFITS AND SERVICES FOR YOU.** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR FUNDRAISING ACTIVITIES.** We may contact you for fundraising activities supported by our office. We may include you in correspondence related to fundraising efforts. If you do not wish to be contacted for such purpose, or do not want to receive these materials, you may ask to be removed from any fundraising mailing or contact list.

**WE MAY USE AND DISCLOSE YOUR PROTECTED INFORMATION FOR OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.** We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- **Required By Law:** We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system or government benefit programs and other entities subject to government regulatory programs or civil rights laws.
- **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, or biological product deviation; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

- **Employers:** We may disclose your protected health information to your employer if (1) we provide health care to you at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury; (2) the protected health information that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance; and (3) the employer needs such findings to comply with its obligations under federal and/or state law, to record such illness or injury, or to carry out responsibilities for workplace medical surveillance. We will provide written notice to you if your protected health information has been disclosed to your employer.
- **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain circumstances in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as otherwise required by law; (2) limited information requests for identification and location purposes; (3) information pertaining to victims of a crime; (4) suspicion that a death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the practice; and (6) medical emergencies (not on the Practice's premises) and it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information in order to permit a funeral director to carry out his or her duties with respect to the decedent. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.
- **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Health or Safety of a Person or the Public:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities to assure proper execution of a military mission; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military's services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your protected health information to a correctional institution or a law enforcement individual having lawful custody of you, if you are an inmate of a correctional facility and the protected health information is necessary for (1) the provision of health care to you; (2) the health and safety of you, other inmates, and/or officers, employees and/or others at the correctional institution; (3) the health and safety of individuals and officers responsible for the transportation of inmates; (4) law enforcement on the premises of the correctional institution; and/or (5) the administration and maintenance of the safety, security, and good order of the correctional institution.
- **Other Required Uses and Disclosures:** Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of 45 C.F.R. § 164.500 et. seq.

- **Students:** We may use or disclose your protected health information to a school about an individual who is a student or prospective student of the school if the protected health information that is disclosed is limited to proof of immunization; the school is required by law to have such proof of immunization prior to admitting the individual; and we obtain and document the agreement to the disclosure from either the parent, guardian, or other person acting in loco parentis of the individual if the individual is an unemancipated minor or the individual, if the individual is an adult or emancipated minor.

**WE MAY USE AND DISCLOSE YOUR PROTECTED INFORMATION FOR OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.** We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. You may revoke your authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization or if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. **IF YOU WOULD LIKE TO LIMIT OR REVOKE AUTHORIZATION FOR ANY OF THE USES AND DISCLOSURES LISTED BELOW, YOU MAY OBTAIN AN AUTHORIZATION FORM IN YOUR PHYSICIAN'S OFFICE THAT WILL ALLOW YOU TO LIMIT YOUR AUTHORIZATION.**

- **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify or that we have reasonable cause to believe is authorized to obtain, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to inform you of the treatment provided and will seek to obtain your consent as soon as reasonably practicable before using or disclosing your protected health information further. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.
- **Psychotherapy notes:** We will not disclose your psychotherapy notes without your authorization except in the following circumstances: the originator of the notes can use the notes in treatment; we can use the notes in any of our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; we can use the notes to defend ourselves in a legal action or other proceeding brought by you; and as permitted or required by law.
- **Marketing:** We will not disclose your protected health information for marketing without your authorization except in face-to-face communications between us and you, and we may provide you with a promotional gift of nominal value.
- **Sale of Protected Health Information:** We will not sell your protected health information without your authorization. If you provide such authorization, the authorization must state that the disclosure will result in remuneration to us.



### **3. YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION AND HOW YOU MAY EXERCISE THESE RIGHTS**

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the practice maintains for providing care and making decisions about you. We have up to 30 days to make your protected health information available to you. We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Under federal law you may not inspect or copy the following records: psychotherapy notes; information compiled in a reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to such information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to an electronic copy of electronic medical records.** If your protected health information is maintained in an electronic format, you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your records will be provided in either our standard electronic format or, if you prefer, in a readable hard copy form.

**You have the right to request a restriction on certain uses and disclosures of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request should be in writing and must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by requesting such restriction in writing and obtaining the written consent of the physician to the restriction. This restriction may be terminated if (1) you agree to or request the termination in writing; (2) you orally agree to the termination and the oral agreement is documented; or (3) we inform you that we are terminating the agreement to a restriction, effective with respect to protected health information created or received after we have informed you of the termination.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled and/or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

We require that all requests for amending your record be placed in writing and dated with your signature for control and follow-up purposes. The writing must also include the reason for the requested amendment. Amendments may not create a record that is misleading or incomplete. Verbal requests cannot be accepted. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred within the six (6) years prior to the date of your request. You

may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.**

#### **4. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer in writing of your complaint. We will not retaliate against you for filing a complaint.

To file any complaint you have or for further information about the complaint process, you may contact our Privacy Office in writing at:

Tallahassee Primary Care Associates, P.A.  
Privacy Office  
1803 Miccosukee Commons Drive, Suite 101  
Tallahassee, Florida 32308

Or [Compliance@TallahasseePrimaryCare.com](mailto:Compliance@TallahasseePrimaryCare.com)

Or by telephone at (850) 297-0114

Or by fax (850) 297-0314

#### **5. DISPUTES**

Disputes not resolved by the complaint procedure shall be resolved in binding arbitration in Tallahassee, Florida, under the rules of the American Arbitration Association, with each party paying their own share of costs and fees incurred as the result of such proceedings.

#### **6. ACCESS FEES**

We will impose reasonable cost-based fees for certain work and expenses that we incur at your request to provide you with access to or copies of information. Such fees may be imposed for copying, including supplies and labor, postage, and labor in the preparation of explanations or summaries of your protected health information. Such fees will be billed to you as the result of your request for such information, and you agree to pay such fees as charged.

#### **7. EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

This notice was published and became effective on April 14, 2003. It was last modified October 7, 2013.