

## PLEASE REVIEW IT CAREFULLY

The following is the Notice of Privacy Practices of Boca Grande Health Clinic, Inc. (“Covered “Entity”) as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your protected health information and to provide you with notice of Covered Entity’s legal duties and privacy policies with respect to your protected health information. We are required by law to abide by the terms of this Privacy Notice.

### Your Protected Health Information (PHI)

We collect PHI from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your PHI that is protected by law broadly includes any past, present and future healthcare information. Your PHI includes any information that is created or received through oral, written or electronic communications by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data consisting of eighteen (18) identifiers described in the HIPAA Privacy Rule including but not limited to your name, address, social security number, date of birth and others that could be used to identify you as the individual patient who is associated with that health information.

### How we (Including Our Affiliated Entities and Other Physicians Who Are Treating You) May Use or Share Your Health Information

We are committed to protecting the privacy of your health information. The law permits us to use share your health information for the following purposes:

#### Treatment

We may use or share your PHI with physicians, nurses, students or other health care personnel to provide you treatment or services. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

#### Payment

We may use or share your PHI to obtain payment for your health care services, including with a collection agency or credit bureau. We may also share your PHI with other providers so they may obtain payment for services. We may also use or share your PHI so that we may locate you for collection purposes, including using services with change of address information to ensure your statements are mailed to the most current address on file with the postal service. For example, obtaining approval for payment of services from your health plan may require that your PHI be shared with your health plan. We may also provide your PHI to our business associates or other providers’ business associates, such as billing companies, transcriptionists, collection agencies, and vendors who mail billing statements.

#### Health Care Operations

We may use or share your PHI or a limited data to set to operate our facilities. Boca Grande Health Clinic, Inc. entities and providers have an organized health care arrangement and may use or share your PHI for the operations of the organized health care arrangement. For example, we may use your PHI to evaluate the quality of health care services that you received, to evaluate the performance of the health care professionals who provided health care services to you, for medical review purposes or auditing. We may also provide your PHI to accountants, attorneys, consultants, accrediting agencies, outside funding sources and others to make sure we are complying with the laws that affect us.

#### Notification and Communication with Family

Unless you object, we may release to a relative, close friend or any other person you identify, information that directly relates to that person’s involvement in your health care or who helps pay for your care. We may also use or release PHI to notify or assist in notifying a family member, personal representative or any other person responsible for your care to tell them your location or general condition. In our clinic, your written authorization is required to provide these disclosures. If you are unable to provide written authorization, agree or object to the release, we may release information as necessary if we determine that it is in your best interest based on our professional judgement, such as emergency situations. Finally, we may use or share your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate used and releases to family or other individuals involved in your health care.

#### Required By Law, Court or Law Enforcement

We may release PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, when dealing with crime or when ordered by a court.

#### Public Health

As required or permitted by law, we may release PHI or a limited data set to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.

#### Health Oversight Activities

We may release PHI to health agencies for activities authorized by law. These oversight activities include audits, investigations and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws. For example, we may release PHI to the Secretary of the Department of Health & Human Services so they can determine our compliance with privacy laws.

#### Public Safety

We may release your PHI to appropriate persons to prevent or lessen a serious and near threat to the health or safety of a particular person or the general public.

#### Specific Government Functions

We may share your PHI for military or national security purposes or in certain cases if you are in law enforcement custody.

#### Workers’ Compensation

We may share your PHI as necessary to comply with workers’ compensation laws. We report any injuries referred to us from an employer to the Department of Workers’ Compensation and any work-related deaths to Occupational Safety and Health Administration (OSHA). All employers are given health information regarding work-related injuries they have referred us to.

#### Appointment Reminders

We may use and disclose your PHI to provide a reminder to you about an appointment you have for treatment or medical care at Boca Grande Health Clinic, Inc.

**Florida State-Specific Requirements**

When Florida laws are stricter than federal privacy laws, we are required to follow the state law.

**Business Associates**

There are some services provided at Boca Grande Health Clinic, Inc. through contracts with business associates. When these vendors are contracted to perform services for Boca Grande Health Clinic, Inc., we may disclose your PHI to these vendors so that they can perform the job we have asked them to do. However, to protect your PHI, we require the business associate to appropriately safeguard your PHI.

**Affiliated Covered Entity**

PHI will be made available to staff at local affiliated entities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to PHI at their locations to assist in reviewing past treatment information as it may affect treatment at this time. You may contact the Privacy Department for more information on specific sites included in this affiliated covered entity.

**Treatment of Sensitive Information**

Psychotherapy notes and diagnostic and therapeutic information regarding mental health, drug/alcohol abuse or sexually transmitted diseases (including HIV status) will not be disclosed without your specific permission, unless required or permitted by law.

**All Other Situations, With Your Specific Authorization**

Except as otherwise permitted or required, as described above, we may not use or disclose your protected health information without your written authorization. Further, we are required to use or disclose your protected health information consistent with the terms of your authorization. You may revoke your authorization, in writing, to use or disclose any protected health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

**Your Rights With Respect to Your Protected Health Information**

Under HIPAA, you have certain rights with respect to your protected health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

**Right to Request Restrictions on Use or Disclosure**

You have the right to request restrictions on certain uses and disclosures of your protected health information about yourself. *You may request restrictions on the following uses or disclosures:* to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of protected health information directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

**Right to Request Restriction on Disclosures to Health Plans for Services Paid for In Full at Time of Service**

You have the right under the American Recovery and Reinvestment Act, Section 13405(a) to request Boca Grande Health Clinic, Inc. to restrict disclosures of protected health information to a health plan for purposes of carrying out payment or healthcare operations if the PHI pertains solely to a healthcare item or service for which Boca Grande Health Clinic, Inc. has been paid out of pocket in full at time of service.

**Right to Receive Confidential Communications**

You have the right to receive confidential communications of your PHI. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of PHI from us by alternative means or at alternative locations.

**Right to Inspect and Copy Your Protected Health Information**

Your designated record set is a group of records we maintain that includes Medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy your PHI contained in your designated record set, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. We must provide you with access to your PHI in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your protected health information or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your protected health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain PHI as permitted or required by law. We will reasonably attempt to accommodate any request for PHI by, to the extent possible, giving you access to other PHI after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.



## NOTICE OF PRIVACY POLICY

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

### **On-going Access to Privacy Policy**

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to Boca Grande Health Clinic, Inc.'s Privacy Officer. For any other requests or for further information regarding the privacy of your PHI, and for information regarding the filing of a complaint with us, please contact Boca Grande Health Clinic, Inc.'s Privacy Officer.

Contact Information for Boca Grande Health Clinic, Inc.'s Privacy Officer.

Phone: [\(941\) 964-2276](tel:(941)964-2276)

Mail: 320 Park Avenue,  
PO Box 517,  
Boca Grande, Florida 33921

Email: [mark.driscoll@bghc.org](mailto:mark.driscoll@bghc.org)

written authorization or written request for disclosure pertaining to such information. *We are not required to provide accountings of disclosures for the following purposes:* (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a clinic directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 4/14/03. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to Boca Grande Health Clinic, Inc.'s Privacy Officer.

### **Questions or Complaints**

If you have questions regarding this Notice or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact the Boca Grande Health Clinic, Inc. Privacy Officer by phone or submission of your complaint in writing by mail to the Boca Grande Health Clinic, Inc. Privacy Officer. You also have the right to file your complaint with the Secretary of DHHS. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within one hundred eighty (180) days of when you knew or should have known that the act or omission complained of occurred. You will not be penalized for filing any complaint. As required by law, Boca Grande Health Clinic, Inc. will notify you in the event that a breach of your PHI occurs.

### **Amendments to this Privacy Policy**

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in the law affecting this Privacy Notice, within sixty (60) days of the effective date of such revision, amendment, or change.

### **Right to Amend Your Protected Health Information**

You have the right to request that we amend your PHI or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services ("DHHS"). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your PHI that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received PHI of yours prior to amendment and persons that we know have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to Boca Grande Health Clinic, Inc.'s Privacy Officer.

### **Right to Receive an Accounting of Disclosures of Your Protected Health Information (PHI)**

You have the right to receive a written accounting of all disclosures of your PHI that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your