



# 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.*

## USES AND DISCLOSURE OF HEALTH INFORMATION

### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Oliver-Pyatt Centers uses and discloses your protected health information for treatment, payment, and health care operations. Some examples of when our office may use or disclose your health care information for these purposes include:

- ❖ **Treatment:** Sharing test results with other health care providers for confirmation of a diagnosis.
- ❖ **Payment:** Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide.
- ❖ **Health care operations:** Reviewing information as part of our quality improvement program.

### OTHER USES AND DISCLOSURES

Oliver-Pyatt Centers may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- ❖ Providing you with information related to your health;
- ❖ Contacting you regarding appointments or with information about Oliver-Pyatt Centers or other health-related services that may be of interest to you, but only if we do not receive financial remuneration from a third party in exchange for making those communications. In addition, we may contact you to support our fundraising efforts, but you have the right to opt out of receiving any fundraising communications;
- ❖ Uses and disclosures secondary to an otherwise permitted use or disclosure (also known as "incidental" uses and disclosures);
- ❖ Providing information to the U.S. Department of Health and Human Services for purposes of evaluating our HIPAA compliance efforts;
- ❖ Compliance with all laws (*including reports of suspected abuse, neglect or violence*);
- ❖ Providing immunization records to your school;
- ❖ Providing certain specified information to law enforcement or correctional institutions;
- ❖ Providing information to a coroner, medical examiner, funeral director, or organ procurement organization;
- ❖ Public health activities when requested by a public health authority or the FDA.
- ❖ Responding to health oversight agencies;
- ❖ Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process;
- ❖ For research activities;
- ❖ When necessary to avert a serious threat to health or safety;
- ❖ For military affairs, veterans affairs, national security, intelligence, Department of State, or presidential protective service activities;
- ❖ Providing information regarding your location, general condition or death to public or private disaster relief agencies;
- ❖ Providing information to a family member, other relative, or close personal friend regarding your location, general condition or death, or to assist in your health care (*e.g.; to pick-up prescriptions or other documents, note follow-up care instructions, etc.*);
- ❖ For workers' compensation purposes;
- ❖ Providing protected health information to our business associates;
- ❖ For purposes of creating de-identified data or limited data sets; and
- ❖ For facility directory purposes.



## AUTHORIZATION FOR OTHER USES

Oliver-Pyatt Centers will make other uses and disclosures of your protected health information only after obtaining your written authorization. Examples of uses and disclosures of medical information that require your authorization include, but are not limited to, most uses and disclosures of psychotherapy notes, uses, and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. If you authorize a use or disclosure not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

## YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- ❖ Request restrictions on certain uses and disclosures. However, Oliver-Pyatt Centers is not obligated to agree to requested restrictions, unless your request is with respect to a disclosure of medical information to a health plan for the purpose of payment or health care operations, and the disclosure relates to an item or service for which we have been paid in full (*either by you or by someone, other than the health plan, acting on your behalf*);
- ❖ Receive confidential communications or protected health information;
- ❖ Inspect and copy your protected health information with some limited exceptions. Furthermore, if any of this protected health information is maintained electronically, you may request an electronic copy;
- ❖ Amend your health information;
- ❖ Receive an accounting of disclosures of your health information;
- ❖ Obtain a copy of this notice.

## OLIVER-PYATT CENTERS' DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, Oliver-Pyatt Centers has certain duties related to your protected health information, including:

- ❖ Oliver-Pyatt Centers is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- ❖ Oliver-Pyatt Centers is required to notify you of any breach of unsecured protected health information about you.
- ❖ Oliver-Pyatt Centers is required to abide by the terms of the privacy notice that is currently in effect.
- ❖ Oliver-Pyatt Centers reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. The revised notice will be posted in our office and made available upon request.

## CONCERNS

If you believe your privacy rights have been violated, you may make a complaint in writing to Oliver-Pyatt Centers, to the Secretary of the Department of Health and Human Services, to the Agency for Health Care Administration, and/or to the Joint Commission without fear of retaliation by the organization. Complaints should be sent to Performance Improvement Department, 6150 SW 76th Street, South Miami, FL 33143. For more information, you may also contact our Privacy Officer at 305-663-1738.