



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. What This Is**

This Notice describes the privacy practices of PREMIER FAMILY HEALTH, P.A.

### **II. Our Privacy Obligations**

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. When we disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at this time of the use or disclosure).

### **III. Permissible Uses and Disclosures Without Your Written Authorization**

- A. In certain situations, which we will describe in Section IV 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 the following uses and disclosures:
- i. **Use and Disclosure for Treatment, Payment and Health Care Operations.** We may disclose PHI, but not your "Highly Confidential Information" (defined in Section IV, C below), in order to treat you, obtain Payment for services provided to you and conduct our "Health Care Operations" (e.g., internal administration, quality improvement and customer service) as detailed below:
  - ii. **Treatment.** We use and disclose PHI to provide Treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about Treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
  - iii. **Payment.** We may use and disclose PHI to obtain Payment for services that we provide to you—for example, disclosures to claim and obtain Payment from your health insurer, HMO, or other company that arranges or pays the

cost of some or all of your health care ("Your Payer"), or to verify that Your Payer will pay for health care.

- iv. Health Care Options. We may use and disclose PHI for our Health Care Operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you.

For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other healthcare workers. We may disclose PHI to our office manager in order to resolve any complaints you may have and ensure that you have a pleasant visit with us.

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, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

- B. 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.
  - i. 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 interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or Payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.
- C. Special Consent. Confidential HIV related information (i.e., information regarding whether you have ever been the subject of an HIV test, have HIV infection, HIV related illness or AIDS, or any information which could indicate that you have ever been potentially exposed to HIV) and other sensitive information such as psychotherapy notes, treatment for substance abuse or sexually transmitted diseases information will never be used or disclosed to any person without your specific written consent regarding sensitive information, except to certain other persons who need to know such information in connection with your medical care, and, in certain limited circumstances, to public health or other government officials (as required by law), to insurers as necessary for payment for your care or treatment, or to certain persons with whom you have had sexual contact or have shared needles or syringes) in accordance with a specified process set forth under (Florida Law). This special written consent ("Your Special Consent") is a separate document from this notice and the authorization for discussed below.
- D. Public Health Activities. We may disclosed PHI for the following public health activities: (1) to report health information to public health authorities for the