

## HIPAA Notice of Privacy Practices

Melissa B Smith, AP LLC is dedicated to providing service with respect to your privacy and confidentiality. Protecting your privacy and your healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended.

Melissa B Smith, AP LLC reserves the right to modify our privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. Melissa B Smith, AP LLC reserves the right to make the modifications effective for all protected health information ("PHI") that we maintain, including PHI which we created or received before the changes were made. Changing the notice will precede all significant modifications. A copy of this notice will be provided to you upon request.

This HIPAA Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you including demographic information that may identify you and that relates to your past, present and/or future physical, mental health, condition and/or related health care services.

### Understanding Your Protected Health Information

Each time you visit a hospital, physician, acupuncturist, chiropractor or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as a:

- ☑ Basis or planning your care and treatment
- ☑ Means of communication among the many health professionals who contribute to your care
- ☑ Legal document describing the care you received
- ☑ Means by which you or a third-party payer can verify that services billed were actually provided
- ☑ A tool for educating health professionals
- ☑ A source of data for medical research
- ☑ A source of data for facility planning and marketing
- ☑ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your PHI and how your health information is used helps you to:

- ☑ Ensure its accuracy
- ☑ Better understand who, what, when, where and why others may access your health information
- ☑ Make more informed decisions when authorizing disclosure to others

### Your Health Information Rights

Although your PHI record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- ☑ Request a restriction on certain uses and disclosures of your information- You have the right to place additional restrictions on our use or disclosure of your PHI in writing. We are not required to agree to these restrictions; however, if we do agree, we abide by agreement, except in certain emergency situations where we are inclined to share important health information.
- ☑ Obtain a paper copy of this HIPAA Notice of Privacy Practices upon request- If you received this Notice electronically (via e-mail or website access), and wish to receive a paper copy, you have the right to obtain a paper copy by making a request to the clinic.
- ☑ Inspect and obtain a copy of your PHI- You have the right to look at copies of your PHI, with limited exemptions such as psychotherapy notes. You may request photocopies. We will use the format you request, unless we are practically unable to do so. You must make your request in writing to the clinic. We can provide you with forms to do this, or you may do it by writing a letter specifying exactly what you want to view. If we provide photocopies, we may charge you a set fee for each page copied. Check with the clinic for the current fee schedule. If you request an alternate format, we may charge you per expense we incur to satisfy your request. We have 30 days, and sometimes longer, to respond to your request, depending on what is required to meet your request.
- ☑ Amend your PHI under certain circumstances- You have the right to initiate a written request to amend your PHI. Included in the amendment must be an explanation why information should be amended. Certain conditions may exist where we may reject your request.
- ☑ Obtain an accounting of disclosures of your health information- You have the right to receive a list of all the times we shared your PHI for purposes other than treatment, payment, and health care operations and other specified exemptions.
- ☑ Request communications of your PHI by alternative means or at alternative locations- You have the right to request that we communicate with you about your PHI by alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or location, and provides a satisfactory explanation of how future payments will be handled.
- ☑ Revoke your authorization to use or disclose PHI except to the extent that action has already been taken

### Our Responsibilities

Melissa B Smith AP is required to:

- ☑ Maintain the privacy of your PHI
- ☑ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ☑ Notify you if we are unable to agree to a requested restriction
- ☑ Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations
- ☑ Not use or disclose your PHI without your authorization, except as described in this notice.

### Examples of Disclosures for Treatment, Payment and Health Operations

We will disclose your PHI in communications with you. For example, we may use and disclose PHI to contact you as a reminder that you have an appointment for treatment at the clinic, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. Other reasons to disclose your health information include the following:

- ☑ Treatment- Information obtained by your practitioner will be recorded in your record and used to determine the course of treatment that should work best for you. Your provider will document in your record expectations of any other members of your health care team. Those team members will then record the actions to be taken and their observations. In that way, the practitioner will know how you are responding to treatment. In addition, we may disclose PHI to

other health care practitioners who are involved in your care. We may also share PHI in order to coordinate different types of treatment or to assist you and your physician or other health care providers in providing appropriate care for you.

☒ **Payment-** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

☒ **Regular clinic operations-** Members of the clinic staff may use your PHI to assess the care and outcomes in your case and others like it. This information will then be used in a effort to continually improve the quality and effectiveness of the services we provide. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to see you.

☒ **Notification-** We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

☒ **Communications with family-** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

☒ **Marketing-** 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.

☒ **Food and Drug Administration (FDA)-** We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

☒ **Workers compensation-** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

☒ **Correctional institution-** Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof PHI necessary for your health and the health and safety of other individuals.

☒ **Law enforcement-** We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena.

☒ **Health oversight-** Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct, or have otherwise violate professional or clinical standards, and are potentially endangering on or more patients, workers or the public.

☒ **As required by law-** We will disclose PHI about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.

☒ **Suspicion of abuse or neglect-** We will disclose your PHI to appropriate agencies if relevant to a suspicion of child abuse or neglect, or if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.

☒ **To avert a serious threat to health or safety-** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone who we believe would be able to prevent the threat or harm from happening.

☒ **For special government functions-** We may use or disclose your PHI to assist the government in its performance of functions that relate to you. For example, if you are a member of the armed forces, this might include sharing your information with appropriate military authorities to assist in military command.

**Required by law:** We must have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment. We may be required by law to use and disclose your medical information for other purposes without your consent or authorization. If you wish to have receive a copy of our current NOTICE, please ask and we will provide you with a copy.

#### **Release of Information**

I (initial)\_\_\_\_\_ consent to the use and disclosure of my protected health information for treatment, payment, clinic operations. Also, I have given my written consent that my health information be shared with the people, their addresses and/or contact numbers on the Health History Intake form. I understand that I have the right to revoke this consent, in writing, at any time. However, the revocation will not affect any disclosures made in reliance of my prior consent.

#### **For More Information or to Report a Problem**

If you have questions and would like additional information, please contact Melissa B Smith, AP at 1609 Thacker Avenue, Jacksonville FL 32207 (904) 477-2825 for clarification. If you believe your privacy rights have been violated, you can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. You can find the Office for Civil Rights for your state at: <http://www.hhs.gov/ocr/regmail.html>. There will be no retaliation for filing a complaints.

I hereby acknowledge that I have read the above Notice of Privacy Practices and that I have had the opportunity to ask questions. All questions I have asked have been fully answered.