

Notice of Privacy Practices for Protected Health Information (HIPAA)

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“This Notice Describes How Medical Information About You May Be Used and Disclosed & How You May Get Access To This Information”. Please Review It Carefully!

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations for other purposes that are permitted or required by law. This notice 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/or relates to your past, present, or future (physical or mental) health condition and related health care services.”

We Safeguard Information about Your Health:

We collect information from you and store it in a medical record chart as well as on a computer. Charts are stored in a secure area and available only to designated staff and only for designated reasons. Housekeeping, maintenance, and other non-office personnel should have no access to the charts and have signed a *Business Associate Agreement*. Service technicians may have access to the computer for technical service only and have also signed a *Business Associate Agreement*.

Typical Uses and Disclosures of Medical Information:

Your PHI may be used and disclosed by our physician and our office staff for treatment, payment from insurers and for healthcare operations. Outside our office, we restrict the disclosure to those people, entities and agencies for which you authorize disclosure or those agencies and entities for whom legal and administrative requirements demand disclosure such as:

- 1) Required by Law [Secretary of the Department of Health and Human Services .. section 164.500]
- 2) Public Health Issues (abuse or neglect, violence, problems with products & product recalls)
- 3) Health Oversight Activities (audits, investigations & inspections)
- 4) Judicial and Administrative Proceedings (court order)
- 5) Law Enforcement Requests for Criminal Activity
- 6) Deceased Person Information (coroners, medical examiners & funeral directors)
- 7) Organ and Tissue Donation
- 8) Research, provided authorization is IRB-approved or privacy board-approved
- 9) Disaster Relief, Emergencies or to Avert Serious Threat to Health or Safety
- 10) Specialized Government Function and National Security (military, inmates)
- 11) Worker's compensation

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with third parties.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services (obtaining approval for hospital outpatient procedure).

Healthcare Operations: We may use or disclose, as needed, your PHI 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 new staff, licensing, and conducting other business activities. ***For example:***

- 1) We may use a sign-in sheet at the registration desk where you will be asked to sign your name.
- 2) We may also call you by name in the waiting room when your physician is ready to see you.
- 3) We may contact you for a reminder about follow-up appointments.

Other Permitted and Required Uses and Disclosures: Will be made only with your consent, authorization or opportunity to object unless required by law.

You May Revoke this Authorization: We will not use or disclose your medical information for any purpose not listed without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

You Have the Right To: Inspect and copy your PHI, however, 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 PHI that is subject to law that prohibits access to protected health information.

- 1) Inspect and copy medical information from your chart. You may submit a written request to our office and pay the copy fee and receive a copy of your record. We must respond within 30 days if the record is readily available and within 60 days if it is not readily available. You may also get an electronic copy if we have one available.
- 2) Amend medical information in your chart. You may identify inaccurate or incomplete information in your chart. You can do this with a written request to amend your chart directed to our office. We must respond within 60 days.
- 3) Receive an accounting of any disclosures made from your record over the last six years, starting April 14, 2003. You can get this with a written request directed to our office. We must respond within 60 days.
- 4) Request restrictions as the amount of medical information we disclose. This is limited as noted above, and your request may not supercede the typical disclosures noted above. You may revoke or restrict the consent. Your request must state the specific restriction request and to whom you want the restriction to apply.
- 5) You may ask us not to use or disclose any part of your self-pay services.
- 6) Request confidential communications. All communications in our office are confidential.
- 7) Receive a copy of this notice by printing it or with a written request directed to this office. A copy of this notice is included in all new patient packets.

Our Responsibilities under HIPPA: We are required by Law to maintain the privacy of your PHI, and to provide you notice of our legal duties and privacy practices and adhere to this notice. We reserve the right to make changes to this notice. We will post a notice that this HIPPA notice has been changed, the effective date of the change, and copies will be made available. You can submit a complaint about our privacy policy or its execution either verbally or in writing to our **Privacy Officer** at our office, located at **13740 Office Park Court, Suite A, Hudson, FL 34667**.