

# HIPAA Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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 (TPA) and for other purposes that are permitted or required by law. It 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 that relates to your past, present or future physical or mental health condition and related health care services.

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and any others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills and to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care and any related services. This includes the coordination or management of your health care with a third party. 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/or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, Suncoast Internal Medicine Consultants (SIMC) may need to give your insurance company information about your care so that it will pay for the treatment provided by SIMC in connection with your care. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover the cost of it. SIMC may also use and disclose medical information about you, as needed, to obtain payment from any other entity or program for services or products. For example, if a SIMC physician prescribes a medication to you, and such medication qualifies under a pharmaceutical manufacturers program, then SIMC may disclose information about your care to such pharmaceutical manufacturer to the extent necessary to obtain discounted or free medication.

**Healthcare Operations:** We may use or disclose, as needed, your PHI information in order to support the business activities of SIMC. These activities include, but are not limited to, quality assessment, training of medical students, licensing, and conducting business. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may call you by name in the waiting room. We may use or disclose your PHI as necessary, to contact you to remind you of your appointment.

**As Permitted or Required by Law:** We may disclose your PHI in the following situations without your authorization. These include: as required by law, public health issues as required by law, communicable diseases, health, oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

### **YOUR RIGHTS**

The following are statements of your rights with respect to your PHI.

**You have the right to inspect and copy your PHI** (fees may apply). Under federal law, however, you may inspect the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in a civil, criminal, or administrative action or proceeding, PHI restricted by law, information that related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or another person, or information that was obtained under a promise of confidentiality.

**You have the right to request a restriction of your PHI**-This means you may ask us not to use or disclose any part of your PHI and by law we must comply when the PHI information pertains solely to a health care provider involved has been paid out of pocket in full. You may also request that any part of your PHI not be disclosed to family member or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

**You have the right to request confidential communications**-You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request.

**You have the right to request an amendment to your protected health information**-If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

### **COMPLAINTS**

If you believe SIMC has failed to comply with this notice or that SIMC has violated these privacy rights, you may file a written complaint with the SIMC Privacy Officer or the Department of Health and Human Services. SIMC will not retaliate against you for filing a complaint.