

NOTICE OF PRIVACY PRACTICES*

We Care About Your Privacy

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1. Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. As your patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide you with the quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our Legal Duty

Law Requires Us to:

- make sure that the protected health information about you is kept private;
- provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- follow the conditions of the Notice that is currently in effect.

We Have the Right to:

- change our privacy practices and terms of this notice at any time, provided that the changes are permitted by law; and
- make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. Use and Disclosure of Your Medical Information

The following categories describe different ways that we use and disclose protected health information. Not every use or disclosure will be listed. However, we have listed different ways we are permitted to use and disclose medical information. Each category of uses or disclosures provides a general explanation and we will not use, or disclose, your medical information for any purpose not listed below without your specific written authorization, which you may revoke at any time by writing to us. The explanation is provided for your general information only.

For Medical Treatment

We may use medical information about you to provide you with current, or prospective, medical treatment or services. We may, and most likely will, disclose medical information about you to doctors,

nurses, technicians, medical students, or other people who are involved in your medical care. We may also share medical information about you to your other health care providers to assist them in treating you.

For Payment Purposes:

We may use and disclose your medical information about you for services so they may be billed and collected from you, an insurance company, or a third-party payer. The information on or accompanying the bill may include your medical information.

For Health Care Operations:

We may use and disclose your medical information so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include improving the quality of our treatment and services, deciding what additional services to offer, evaluating the performance of our staff, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to better serve you.

Additional Uses and Disclosures:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may also use and disclose medical information for the following purposes:

- **Notification:** We may use and disclose medical information to notify, or help notify, a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission or provide you the opportunity to refuse permission, before we share. In case of an emergency, and you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.
- **Disaster Relief:** We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts or in emergency situations.
- **Research in Limited Circumstances:** We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has evaluated the research proposal and established protocols to ensure the privacy of medical information.
- **Funeral Directors, Coroners, and Medical Examiners:** As necessary to carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, or funeral director.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
- **Court Orders and Judicial/Administrative Proceedings:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand

jury subpoena, way may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, a fugitive, material witness, and crime victim or missing person. We may share the medical information of an inmate or another person in lawful custody with law enforcement officials or correctional institutions under certain circumstances.

- **Public Health Activities:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
- **Victims of Abuse, Neglect or Domestic Violence:** We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.
- **Workers Compensation:** We may disclose medical information when authorized or necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
- **Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Practice; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Appointment and Patient Reminders:** We may ask that you sign in at the Receptionists' Desk in writing on a "Sign In" log on the day of your appointment. We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments or that you are due to receive periodic care. This contact may be by phone, in writing, or otherwise and may involve leaving of a message on an answering machine, voicemail, or otherwise which could (potentially) be received or intercepted by others.

- Alternative and Additional Medical Services: We may use or disclose medical information to furnish you with information and health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

4. *Your Individual Rights*

You Have the Right to:

- look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photo copies. We will use the format use request unless it is not practical for us to do so. You must make your request in writing and may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure;
- receive a list of all the times we, or our business associates, shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions;
- request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency);
- request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer;
- request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information; and
- if you wish to receive a paper copy of this privacy notice, then you have the right to obtain a paper copy by making a request in writing to our Privacy Officer.

Questions and Complaints

If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer. If you think that we may have violated your privacy rights, you may speak to our Privacy Officer and submit a written complaint. To take either action, please inform the receptionist that you wish to contact the Privacy Officer or request a complaint form. You may submit a written complaint to the U.S. Department of Health and Human Services; we will provide you with the address to file your complaint. **We will not retaliate in any way if you choose to file a complaint.**

**These privacy practices are currently in effect and will remain in effect until further notice.*