

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION – CYNTHIA DAVIS, M.D., P.A.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations without a specific authorization from you. Protected health information is the information we obtain and create in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnosis, treatment and planning for future care or treatment. It also includes billing documents for those services.

### **Examples of uses of your health information for treatment purposes:**

- The doctor writes, or dictates a note to be typed, documenting your symptoms, physical exam and discussion with you in your chart.
- The doctor discusses your case with a specialist or your other doctors to determine the most appropriate care for you.
- The office staff calls you or sends you a letter to inform you of test results, or to remind you of an appointment.

### **Examples of uses of your health information for payment purposes:**

- We submit a claim for payment to your insurance company. Your insurance company requests information about the medical care given, to determine whether it is covered on your policy, and we provide them the information.
- We request authorization for a specific medical service from your insurance company, and the request information to determine whether to authorize the service.
- Your bill is unpaid, and your account is sent to a collections agency.

### **Examples of uses of your health information for health care operations:**

- We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and guideline development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

## **NOTICE OF RECORDS RELEASE AND STORAGE POLICIES**

### **Requests for Records:**

When current records are requested by the patient, her other doctors or her insurance company, a specific authorization is not required. We will release only pertinent records, including lab and Xray reports, and will usually not charge for this service.

When records are requested by an attorney or an insurance company from whom the patient has applied for a policy; or if the patient requests her entire record, we will require a signed authorization, and will charge for this service. The current charges, set by Florida Law, are \$1.00 for the first 25 pages, and 25 cents for each page thereafter.

### **Record Storage:**

In accordance with Florida Law, medical records are kept for seven years from the last time the patient received care from the doctor. They are then shredded. Charts of current patients are kept in the office and charts of patients seen more than 2 years previously are stored with a record storage company.

If records which are in storage are requested, they will be retrieved if the requestor pays the retrieval fee which the storage company charges: currently, about \$11.00. Also, if a patient whose chart is in storage returns for further medical care, the retrieval fee for her chart will be charged to her account.

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- Health Oversight: Federal Law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.
- Judicial/Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.
- Serious Threat: To avert serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious threat to the health or safety of a person or the public.
- For Specialized Government Functions: We may disclose your protected health information for specialized governmental functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.
- Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.
- Other Uses: Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously described in this Notice under "Your Health Information Rights".

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- **Organ Procurement Organizations:** Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities involved in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
- **Food and Drug Administration:** We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.
- **Workers Compensation:** If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.
- **Public Health:** As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.
- **Abuse and Neglect:** We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- **Law Enforcement:** We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.
- **Employers:** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.
- **Correctional Institutions:** If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

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### **Our Responsibilities**

The office is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice (this notice) as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this notice while it is in effect.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate reasonable requests regarding methods to communicate health information to you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practice change, we will amend this notice. You are entitled to receive a revised copy of this notice upon request.

### **To File a Complaint**

If you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the medical records manager. You may also file a complaint by mailing it to the Secretary of Health and Human Services, whose street address is: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F HHH Building, Washington, D.C. 20201. We cannot require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from our office; nor retaliate against you for filing such a complaint.

### **Other Uses and Disclosures**

- Communication with Family and Friends: Using our best judgment, we may disclose to a family member or friend health information relevant to that person's involvement in your care or in payment for such care.
- Notification: We may use or disclose your protected health information to notify a family member, or other person responsible for your care, about your location, your condition or your death.
- Research: We may disclose information to researchers when their research has been approved by an institutional review board, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- Disaster Relief: We may use and disclose your protected health information to assist in disaster relief efforts.

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**Your Health Information Rights**

**The medical and billing records we maintain are the physical property of the office. However, the information in these records is yours. You have the right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering a written request to our office. However, we are not required to grant the request.
- Obtain a copy of our current Notice of Privacy Practices for Protected Health Information (this notice) by making a request at our office.
- Request that you be allowed to inspect and obtain a copy of your health record and billing record, by delivering a written request to our office.
- Appeal a denial of access to your protected health information, except in certain circumstances.
- Request that your health care record be amended to correct incomplete or inaccurate information by delivering a written request to our office. We may deny request if you ask us to amend information that is accurate and complete, or was not created by us. If your request is denied, you will be informed of the reason for the denial and may submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering a written request to our office.
- Obtaining an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. Such accounting will **not** include uses and disclosures of information for purposes of treatment, payment or health care operations; disclosures made to you or at your request; uses or disclosures made because of an authorization signed by you; disclosures made to relatives or friends relevant to that person's involvement in your care or payment for your care; or uses or disclosures to family or others responsible for your care in case of an emergency.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office.

If you want to exercise any of these rights, please contact the medical records manager in our office during normal business hours. She will inform you of the steps to be taken to exercise your rights.

## Patient Acknowledgement of Privacy Practices

I acknowledge that I have received a copy of Dr. Davis' Notice of Privacy Practices. I understand that my authorization is not required for her to use my protected health information for purposes of treatment, payment, and health care operations.

*Dear Patient: please indicate your preferences, so that my staff and I will know how to conduct our interactions with you. Thank you.*

With regard to notifying me of my appointments, test results, and payment obligations:

Dr. Davis and her staff may contact me by telephone at home, at work or on my cell phone; and may mail information to me at my home address. *(cross out any option you wish to eliminate)*

OR

I prefer to be contacted at an alternate phone number and/or address which is: \_\_\_\_\_  
\_\_\_\_\_

With regard to leaving messages on an answering machine or voice mail for me:

Dr. Davis and her staff may leave detailed messages.

OR

I prefer Dr. Davis and her staff leave only a message requesting I call them back.

With regard to requests for information about me from relatives and friends, Dr. Davis may give information to the following individuals:

\_\_\_\_\_  
OR

Do not give information about me to relatives or friends without my express permission.

I understand that I may change these choices at any time, by requesting a new form and making my new choices in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)