

NEUROPSYCHIATRIC ASSOCIATES OF SOUTHWEST FLORIDA (“NPAS”) NOTICE OF PRIVACY PRACTICES

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.

What is this Notice and Why is it Important? As of April of 2003, the federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how NPAS, will protect your medical information, how we may use or disclose this information, and describes your rights. If you have any questions about this notice, please contact our corporate compliance officer and practice administrator, C. Doulgas Bannester, RN or Dr. Schaerf, directly at our office.

Understanding Your Health Information: During each appointment, we record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A tool with which we can assess and work to improve the care we provide

Your Health Information Rights: You have the following rights related to your medical record:

- Obtain a copy of this notice.
You can read this notice in the waiting room, and you can also obtain your own copy if you would like.
- Authorization to use your health information.
Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- Access to your health information.
You may request a copy of your medical record from me at any time.
- Change your health information.
If you believe the information in your record is inaccurate or incomplete, you may request that I correct or add information.
- Request confidential communications.
You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

- Accounting of disclosures.
You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations.

NPAS Responsibilities

- We are required by law to protect the privacy of your health information, to provide this notice about our privacy practices, and to abide by the terms of this notice.
- We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice.
- Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.

When Can NPAS Legally Disclose Your Health Information Without Your Specific Consent?

- In order to facilitate your medical treatment.
For example: Your primary care physician or your psychotherapist might call us to discuss your treatment, and in that situation we would disclose information about your diagnosis, your medications, and so on.
- In order to collect payment for health care services that we provide.
For example: In order to get paid for my services, we have our billing personnel send a bill to you or your insurance company. The information on the bill may include information that identifies you, as well as your diagnosis, and type of treatment. In other cases, we fill out authorization forms so your insurance company will pay for extra visits, and this includes some information about you, including your diagnosis.
- In order to facilitate routine office operations.
For example: Occasionally, we dictate notes from visits, usually for letters to other clinicians. In that case, your health information will be disclosed to the transcriptionist.

Will We Disclose Your Health Information to Family and Friends? While the new law allows such disclosures without your specific consent (as long as it contributes to your treatment), our office policy is that we will never share your clinical information with your family without authorization from you. The **BIG EXCEPTION** to this is if we believe you pose an immediate danger to yourself or someone else—in that case, I will do whatever is necessary, even if that means breaching confidentiality.

Other Situations in Which We Might Disclose Your Health Information

- Workers compensation: we may disclose your health information to comply with laws relating to worker's compensation or other similar programs.
- Law enforcement: we may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or

administrative order. This includes any information requested by the Department of Children's Services (DCF) related to cases of neglect or abuse of children.

- Food and Drug Administration (FDA): we may disclose to the FDA your health information relating to adverse events due to medications.
- Business associates: we may hire vendors to perform some of our billing or office functions. Some of the employees of these vendors may or will have access to a small portion of your health information in order to allow them to do their job.

For More Information or to Report a Problem. If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact our office at any time. If you feel your privacy rights have been violated in any way, please let us know and we will take appropriate action. We have a process in place to respond quickly to any concerns or inadvertent breaches of confidentiality.

To file a complaint contact us by phone or mail: Administrator, Neuropsychiatric Associates of Southwest Florida, 14271 Metropolis Avenue, Suite A Fort Myers FL 33912
Tel. # 239-939-7777

To file a complaint with the HHS, send your complaint to: Region 4, Office of Civil Rights, Dept. of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW Atlanta GA 30303-8909