

UROLOGY CENTER OF FLORIDA 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.
EFFECTIVE DATE: APRIL 14, 2003

UROLOGY CENTER OF FLORIDA may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. This Notice describes your rights to access and to 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 or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and 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, to support the operation of the physician's practice, and any other use required by law. The Practice may also disclose your information to individuals outside the Practice who are also involved in your care; e.g. pharmacist, medical equipment supplier.

A: Treatment: We may use and disclose your protected health information in order to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Your protected health information may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

B: Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. Third party payers, including automobile insurers, and Workers' Compensation, or other health plans may require information about your health care status prior to authorizing medical treatment. Your health plan may inquire and receive information on dates of services, services provided, and the medical condition being treated..

C: Healthcare Operations: Practice may use or disclose, as needed, your protected health information in order to support the day-to-day activities and management of the Practice.. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

D: Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

E: Public Health Reporting: Practice is required by law to report certain communicable diseases. We may disclose your health information in order to prevent or control disease, injury, disability, to enable product recall, repairs, replacements, and for compliance with Food and Drug Administration requirements.

F: To Report Abuse, Neglect, or Domestic Violence: Practice is allowed to notify government authorities if there is reason to believe a patient is the victim of abuse, neglect or domestic violence. Disclosure will be made only when specifically required or authorized by law, or when the patient agrees to disclosure.

G: To Conduct Health Oversight Activities: Your health information may be used for activities such as audits, civil, administrative or criminal investigations, and inspections, However, the Practice may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

H: In Conjunction with Judicial and Administrative Proceedings: We may disclose your health information in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, request for discovery or other legal process. The practice will make every effort to notify you of the request.

I: Organ, Tissue, Eye Donations: Practice may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes, or tissue for the purpose of facilitating donation and transplantation.

J. In the Event of Serious Threat to Health or Safety: Practice may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Practice believes in good faith, that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.

K. Research: Under very select circumstances, Practice may use your health information for research. However, before this occurs, the research project will be subject to an extensive approval process.

We may also disclose your protected health information to Coroners and Medical Examiners and to Funeral Directors if such information is required for them to carry out their duties .

All other uses and disclosures will be made only with your authorization unless required by law. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights Under the Privacy Standards:

- the right to request restrictions on the use and disclosure of your health information
- the right to receive confidential communication concerning your medical condition and treatment
- the right to inspect and/or copy your protected health information
- the right to request an amendment of your protected health information
- the right to receive an accounting of how and to whom your protected health information is disclosed
- the right to receive a printed copy of this notice and any subsequent changes to this notice while you are a patient of the practice.

All requests must be in writing and sent to the attention of the Practice Privacy Official.

Our Duties and Responsibilities:

The Practice is required by law to maintain the privacy of your protected health information and to provide you with a written notice of these practices. We are also required to abide by the privacy policies and practices outlined in this notice.

We reserve the right to amend or modify our privacy policies and procedures as needed or required by changes in the Federal or State regulations.

Complaints: You may file a complaint with our Privacy Official if you believe your privacy rights have been violated or if you would like to offer comments regarding our privacy practices.

You may also file a complaint with the Secretary of the Department of Health and Human Services by mail or on their web site at www.hhs.gov. You will not be penalized or otherwise retaliated against for filing a complaint...

You may contact our Privacy Official at:
UROLOGY CENTER OF FLORIDA
5550 SW THIRD STREET, SUITE 305
POMPANO BEACH, FLORIDA 33308