

HARDY, MILSTEAD, VAUGHT & MADONNA, M.D., P.A.
PRIVACY PRACTICES Effective: 1/1/03

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

If you have any questions about this notice, please contact the Privacy officer at (352) 728-2404, or by mail to Hardy, Milstead, Vaught & Madonna, M.D., P.A. Privacy Officer, 601 E. Dixie Ave., Med. Plaza 901, Leesburg, Florida 34748.

WHO WILL FOLLOW THIS NOTICE

This notice describes Hardy, Milstead, Vaught & Madonna, M.D., P.A practices and that of (a) any health care professional authorized to enter information into your medical record, (b) all employees, staff and other personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting that medical information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your, care generated by us.

This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **FOR TREATMENT.** We may use and disclose medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, audiologists and other personnel who are involved in your care. We may also share medical information about you in order to coordinate the things you need, such as prescriptions, lab work and x-rays or people outside our office who may be involved in your medical care after you leave our office, such as family members, clergy or others who provide services that are part of your care.
- **FOR PAYMENT.** We may use and disclose medical information about you so the treatment and services you receive in our office may be billed to and payment may be collected from you, an insurance company or a third party. (For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery.) We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **FOR HEALTH CARE OPERATIONS.** We may use and disclose medical information about you for normal operations. These uses and disclosures are necessary to run the facility and make sure that all our patients receive quality care. (For example, in the course of quality assurance activities, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.) We may also disclose information to physicians, nurses, audiologists and other personnel for review and learning purposes.
- **APPOINTMENT REMINDERS.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- **AS REQUIRED BY LAW.** We will disclose medical information about you when required to do so by federal, state or local law.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **MILITARY AND VETERANS.** If you are a member of the armed forces, we may release medical information about you as required by military authorities.
- **WORKERS' COMPENSATION.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **PUBLIC HEALTH RISKS.** We may disclose medical information about you for public health activities.
- **HEALTH OVERSIGHT ACTIVITIES.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with applicable laws.
- **LAWSUITS AND DISPUTES.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **LAW ENFORCEMENT.** We may release medical information if asked to do so by a law enforcement official (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct at our office.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS.** We may release medical information to a coroner or medical examiner.
- **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **INMATES.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your and others' health and safety, or for the safety and security of the correction institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding the medical information we maintain about you:

RIGHT TO A COPY. You have a right to a copy of medical information that may be used to make decisions about your care. You must submit your request in writing. If you request a copy of the

information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

To request an amendment you may ask the physician. The physician will include your request as a progress note in the chart to show the clarification, correction or response. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) was not created by us, (b) is accurate and complete.

- **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an accounting list of certain types of disclosures we have made of medical information about you. We are not required to account for disclosures that were: (a) to carry out treatment, payment and healthcare operations; (b) to you of health information about you; (c) for our facility; (d) for purposes of notifying persons involved in your care of your location, general condition or death; (e) for national security or intelligence purposes; or (f) to correctional institutions or law enforcement officials as noted above.

To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years and may not include dates before March 1, 2003. Your request should indicate in what form you want the list. The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. If you have questions about this prior to asking for this information in writing, please call (352) 728-2404, for medical records.

- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

To request restrictions, you must make your request in writing. In your request, you must tell us: (1) What information you want to limit; (2) whether you want to limit our use, disclosure, or both; and 3. to whom you want the limits to apply (for example, disclosures to your spouse or other family members).

- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. (for example, you can ask that we only contact you at work or by mail.)

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

COMPLAINTS

- If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the facility, Contact the Privacy Officer at Hardy, Milstead, Vaught & Madonna, M.D., P.A., 601 E. Dixie Ave., Medical Plaza 901, Leesburg, Florida 34748. All complaints must be submitted in writing.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information-about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.