

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Gastroenterology Specialists of Orlando, P.A., the information belongs to you. You have certain rights with respect to your information as described below. If you wish to exercise your rights, you may complete preprinted forms at registration or you may write directly to the Privacy Officer.

- 1. Right to request a restriction on certain uses and disclosures of your information.** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
- 2. Right to request confidential communications.** You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you may request that we limit our communications with you to contact at work or at home. Your request must be in writing, as described above, and must specify the manner in which or the location at which you wish to be contacted. All reasonable requests will be accommodated.
- 3. Right to inspect and/or request a copy of your health record.** You have the right to inspect and/or receive copy any medical information maintained about you that may be used to make decisions about your care. Typically, this will include your medical and billing records but does not include psychotherapy notes.

In order to inspect and/or receive a copy of your medical information, you must submit your request, in writing to the Privacy Officer. We may charge a reasonable fee for this service based on our cost of complying.

In very limited circumstances, we may deny your request to inspect and/or receive a copy of your information. However, if your request is denied, in some cases you may request that the denial be reviewed. Such reviews are performed by an independent licensed healthcare professional chosen by the Privacy Officer. We will comply with the outcome of the review.
- 4. Right to request an amendment to your health record.** If you believe the information we maintain about you is incorrect or incomplete, you may request that we amend the information. In order to request an amendment, you must submit a written request, as described above, indicating the

specific information you wish to be amended and providing the reason supporting the request. Failure to put your request in writing or provide supporting reasoning is likely to result in a denial of your request.

We may also deny your request if you ask us to amend information that:

- Is accurate and complete.
 - Is not part of the information which you would be permitted to inspect or receive a copy.
 - Is not part of the medical information maintained by Gastroenterology Specialists of Orlando, P.A.
 - Was not created by us, unless the individual or organization that created the information is no longer available to make the amendment.
- 5. Right to obtain an accounting of disclosures of your health information.** You have the right to request an accounting of disclosures, which is a list of certain disclosures of your medical information made by Gastroenterology Specialists of Orlando, P.A. other than disclosures allowed or required by law or authorized by you. The request for this accounting must be submitted in writing as described above. Your request must include the time period for which you are requesting an accounting, which may not exceed six years and not include dates prior to April 14, 2003. Fees may be imposed as allowed by law.
 - 6. Right to obtain a copy of this Notice of Information Practices upon request.** We will post a copy of the current Notice in our facilities. A copy of the current Notice in effect will be available at the reception area of each facility.

COMPLAINTS OR CONCERNS

You may contact the Privacy Officer if you have a question about this privacy Notice or about your privacy rights. You should also contact the Privacy Officer if you have a complaint or concern that your rights have been violated.

You may also write to the Secretary of Health and Human Services.

Gastroenterology Specialists of Orlando, P.A.

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

This Notice describes how health information about you or your child (herein after referred to as “you” or “your”) may be used and disclosed and how you can access this information. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Officer at: 100 West Gore Street, Suite 201, Orlando, FL 32806 or call at 407-245-3124

OUR COMMITMENT TO YOUR PRIVACY

We understand that information about you and your health is very personal and we are committed to protecting the privacy of this information. Each time you visit Gastroenterology Specialists of Orlando, P.A. we create a record of the care and services you receive. This record is necessary to provide you with high quality care and to ensure we are in compliance with certain legal requirements. This Notice applies to all of your health information in our custody.

This Notice will describe the ways in which we may use and disclose your medical information. We reserve the right to change the terms of this Notice at any time. Any revision to this Notice will be applicable to all medical information we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. We will post a copy of our current Notice in prominent locations in each of our practice locations. A copy of the current Notice in effect will be available from the practice receptionist.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use your health information within **Gastroenterology Specialists of Orlando, P.A.** and disclose your health information to persons and entities outside of Gastroenterology Specialists of Orlando, P.A. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

Treatment - We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us.

Payment - We may use and disclose health information about you so the treatment and services you receive at Gastroenterology Specialists of Orlando, P.A. may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Healthcare Operations - We may use and disclose health information about you for healthcare operations, including quality assurance activities; granting medical staff credentials to physicians; administrative activities, including Gastroenterology Specialists of Orlando, P.A. financial and business planning and development; customer service activities, including investigation of complaints; and certain marketing and fund-raising activities, etc. These uses and disclosures are necessary for Gastroenterology Specialists of Orlando, P.A. to ensure all of our patients receive quality care.

Appointment Reminders. We may use your health information to contact you as a reminder that you have an appointment for treatment or medical care.

Research That Doesn't Involve Your Treatment. When a research study does not involve any treatment, we may disclose your health information to researchers when an Institutional Review Board has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

Family Members and Friends. We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if family members are in the exam room with you, we will assume that you agree to our disclosure of your information in their presence.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present to our clinic with an emergency medical condition, we may share information with the family member or friend that comes with you to our clinic. We also may share your health information with a family member or friend who calls us to request a prescription refill for you.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Organ and Tissue Donation - If you are an organ donor, we may release health 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.

Military and Veterans - If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation - We may release health information about you for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

Averting a Serious Threat to Health or Safety - We may use and/or disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Public Health Activities - We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications, problems with products or other adverse events.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse (including child abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena,

discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement - We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- 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 circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of a criminal conduct.
- About criminal conduct at our facility.
- 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.

Coroners, Medical Examiners and Funeral Home Directors

- We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

National Security and Intelligence Activities - We may disclose health 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 custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution

Legal Requirements - We will disclose health information about you without your permission when required to do so by federal, state or local law.

WITH YOUR SPECIFIC WRITTEN "AUTHORIZATION"

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.