



HIPAA POLICY

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. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. If you have any questions about this notice, please contact our office at 321-300-2918

Section A: Who Will Follow This Notice

This notice describes Pro Med Physicians' practices and that of:

- Any health care professional authorized to enter information into your medical record, such as doctors, nurses, physician assistants, technologists and others.
- All employees, staff, students, volunteers and other personnel
- All third-party business partners that assist with providing technology tools or other healthcare operations.

Section B: Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record 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 or maintained by Pro Med Physicians. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Use our best efforts to keep medical information that identifies you 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.

Section C: How We May Use and Disclose Medical Information About You

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment, and health care operation aspects of your care. For example, we may share your information orally, via fax, on paper, or through electronic exchange. We also ask you for consent to share your medical information in the admission documents you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the reasons described below. The following categories describe different ways that we use and disclose medical information.

Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at Pro Med Physicians may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

Health Care Operations. We may use and disclose medical information about you for Pro Med Physicians operations. These uses and disclosures are necessary to run Pro Med Physicians and ensure that all of our patients receive quality care. We may allow your medical information to be accessed, used or disclosed by our business associates that help us with our administrative and other functions. These business associates may include consultants, lawyers, accountants, software licensors and other third parties that provide services to us. The business associates may re-disclose your medical information only as necessary for our treatment, payment, health care operations and related functions, or for their own permitted administrative functions, such as carrying out their legal responsibilities. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.

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.

Section D: Special Situations

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose information to entities that determine eligibility for certain veterans' benefits.

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. These activities 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 or problems with products;
- 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, 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 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 civil rights laws.

Lawsuits and Disputes. 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.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner or funeral directors.

Section E: Your Rights Regarding Medical Information About You

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

Right to Inspect and Copy. You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the person we are to send your

PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, 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. You have the right to request an amendment for as long as the information is kept by or for the healthcare entity. In addition, you must provide a reason that supports your request.

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. For example, you could ask that we not use or disclose information about a surgery you had. 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.

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. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Notice of Breach. You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <https://pmpphysicians.com>

Section F: Changes to This Notice

We reserve the right to change this notice. 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. We will post a copy of the current notice on Pro Med Physicians website.

Section H: Other Uses of Medical Information That Require Your Authorization

The following types of uses and disclosures of medical information will be made only with your written permission.

Marketing: With your permission we may use your non-medical information for marketing purposes.

FLORIDA LAW

Medical Records: We will not release your medical record without your written consent, except as follows: for treatment purposes, for a compulsory physical exam required by law for a legal proceeding, to a regional poison control center, to defend ourselves in a medical negligence action or administrative proceeding, to the Department of Health for any professional disciplinary proceedings if you do not authorize the disclosure (they do not have to ask your permission if the disciplinary proceeding involves misuse of controlled substances or if you are assisting your physician in any fraudulent activity), to the Medicaid Fraud Control Unit of the Department of Legal Affairs if you are a Medicaid recipient, or in a civil or criminal action, if the person seeking your medical records has issued a subpoena and given you notice.

Hospice Medical Records: We will not release your medical record, unless you give us informed consent, there is a court order to release, or we are required by law to report statistical information to a state or federal agency.

Sensitive Information

AIDS/HIV Information: We will only release your positive preliminary HIV test results without your consent to: (1) a licensed physician or medical and nonmedical personnel subject to significant exposure, (2) health care providers and the person tested when decisions about medical care or treatment cannot wait for the results of confirmatory testing, and (3) as approved by the federal Food and Drug Administration.

We may release your positive AIDS/HIV test result without your permission to: medical personnel subject to significant exposure, health care providers and their employees who are treating you or handle or process specimens of body fluids, the county and federal Department of Health, payers for purposes of getting paid, health facilities or providers that procure, process distribute or use human body parts from a deceased person, staff involved with quality review, medical or epidemiological researchers, a person allowed access by the judge of compensation claims of the Division of Administrative Hearings, any person responsible for the care of a child with AIDS/HIV, employees of residential facilities or community-based care programs that care for developmentally disabled persons, or pursuant to a court order.

Sexually Transmissible Diseases: We will not disclose medical information about your sexually transmissible diseases without your permission, unless we need to make a disclosure to medical personnel or to the Department of Health as required by Florida law. We are required to release such information to those involved with ensuring jail inmates have been tested, or as necessary to evaluate a subpoena request.

Mental Health Information: We will not disclose your mental health information without your express and informed consent, unless your attorney needs the information to represent you, we are ordered by the court, you are in jail, you have declared an intent to harm another person, your information is needed by the Medicaid Fraud Unit of the Department of Legal Affairs, your information is needed by the Agency for Healthcare Administration and Florida Advocacy

Councils for purposes of monitoring facilities and answering patient complaints, your information is needed to determine involuntary outpatient placement, the release is to a qualified researcher or aftercare treatment provider.

Alcohol and Drug Abuse Information: We will not disclose your alcohol and drug abuse information without your permission, unless we need to disclose this information to medical personnel in a medical emergency; we need the information to treat you; there is an audit review of the service provider, we are required to report information to the Department of Health for scientific research, the court orders disclosure; there is suspected child abuse and neglect; or if a crime is committed.