

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

INTRODUCTION

At Gulf Coast Internist, LLC we are committed to responsibility treating and protection your information. This Notice of Health Information Practice describes the personal information we collect, how and when we use or disclose that information. It also describes your rights as they relate to your protect health information(PHI). This Notice is effective April 14, 2003 and applies to all PHI as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD

Each time you visit Gulf Coast Internist, LLC a record of your visit is made. Typically this record contains your symptoms. Examination, and test results. diagnosis, treatment and a plan for future care or treatment, as indicated.. This information often referred to you as your health or medical record. Serves as a :

- Basis for planning your care and treatment
- Means of communication among the many health Professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for planning better way to serve you in the future.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy. better understand who, what, where, and why others may access your health information, and make more informed decision when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical/electronic property of Gulf Coast Internist, LLC the information belongs to you. You have the right to:

- obtain a paper copy of this notice of information practices;
- Inspect and copy (a copying fee may charged) your health record as provided for in 45 CFR 164.524;
- Request in writing and amendment to your health record as provided in 45 CFR 164.528;
- Obtain an accounting of disclosures of your health information by alternative means or at alternative locations;
- Request a restriction on certain uses and disclosures of your information as provided in 45 CFR 164.522;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

Gulf Coast Internist, LLC is requires to:

- Maintain the privacy of your health information;
- Provide you with this notice as to your legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the rights to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, you may obtain a copy at any or our facility. We will not use or disclosure your health information without your your authorization, except as describes in the notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have any questions and would like additional information, you may contact practice's Privacy Office. Mr. Nat at (727) 525 0900

If you believe your privacy rights have been violated, you can file a complaint with practice's Privacy officer or with the Office for Civil Rights, U.S. Dept of Health and Humans Services. There will be no retaliation for filling a complain with either the Privacy officer or the Office of Civil Rights (OCR). The addresses for the privacy Office and the OCR are listed below:

Gulf Coast Internist, LLC
4957 38th Ave N, suite C
St Petersburg, FL 33710

Office for Civil Rights
CU.S. Dept of Health & Human services
200 Independence Ave, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

EXAMPLE OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

WE WILL USE YOUR HEALTH INFORMATION FOR TREATMENT:

For example: information obtained by a nurse, physician, or other member of our office staff will be recorded n your health record and used to determine the course of treatment that should work best for you. In that way, the physician will know how you are responding to the treatment

Copies of various reports may be provided to your Private physician(s) or subsequent health care provider(s) to assist him or her in treating you once you are discharge from gulf Coast Internist, LLC.

WE WILL USE YOUR HEALTH INFORMATION FOR PAYMENT:

For example: a bill may be sent to your insurance or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

WE WILL USED YOUR HEALTH INFORMATION FOR REGULAR HEALTH OPERATIONS:

For example: members of our medical staff or quality improvement team may use information in your medical record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. Example include physician services in medical record storage and billing companies. When these services are contracted, we may disclosure your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

Notification: We may use or disclosure information to notify or assist in notifying a family memeber, personal representative, or another person responsible for your care, your location and general condition.

Communication with family: Health professionals using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to *Access to protected health information:*

-Requires you or your legal representative to put your request to view or copy your protected health information (Medical Record) in writing.

-Reserve the right to charge a reasonable fee for copying, mailing, and/or preparing a summary of the protected health information on paper and/or electronic media.

Marketing: We may contact you to provide appointment reminder or information about your treatment alternatives, any questions you may have concerning your care and treatment or other health related benefits and services that may be of interest to you.

Food and Drug administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements products and product defects of post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: we may disclose health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Employer: if you are being seen for employment physical and/or test, **Gulf Coast Internist, LLC** may disclose your health information to your employer as determined by you and your employer.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charges with preventing and controlling disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct to have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or public.