



Southwest Health Associates, P.A.

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please read it carefully.

Effective April 14, 2003



Introduction to Privacy

We are required by law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will amend this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed on page 9 of this notice.

We may disclose your medical information to another provider or health plan that is subject to the Privacy Rules, as long as that provider or plan has a relationship with you and the medical information is for their health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or



disclose your name, hospital, location, and general condition or death to notify, or assist in the notification of (including identifying or locating) a person involved in your care. We may also disclose your medical information to whomever you give us permission. Before we disclose your medical information to a person involved on your health care or payment for your health care, we will provide you with an opportunity to object to such uses or discloses. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies or other similar forms of medical information.

Facility Directory: We may use your name, your location, your general medical condition, and your religious affiliation in our facility directories. We will disclose this information to members of the clergy and, except for religious affiliations, to other persons who ask for you by name. We will provide you with an opportunity to restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object.

Use and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment and health care operations.

Treatments: We may use and disclose your medical information to a physician or other health care provider in order to provide treatment to you. This includes coordination of your care with other health care providers, and with health plans, consultations with other providers, and referral to other providers related to your care.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you. Payment includes submitting claims to health plans and other insurers, justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of



the services we provide to you and the like. We may disclose your medical information to another health care provider or entity subject to the federal Privacy Rules so they can obtain payment.

Health Care Operation: We may use and disclose your medical information in connection with our health care operation.

Health care operations include:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider accreditation, certification, licensing or credentialing activities;
- Medical Review
- Legal services and auditing, including fraud and abuse detection and compliance
- Business planning and development
- Business management and general administrative activities, including management activities relating to privacy, customer services, resolution of internal grievance, and creating de-identified medical information or a limited data set

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Service: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associates to assist us in these activities.

Business Associate: We may disclose your medical information to a company or individual performing functions or activities to or on behalf of one or more of the Affiliated Entities who may have access to or be given your health information in order to provide the contracted services.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- Public Health activities including disease and vital statistics reporting, child abuse reporting, adult protective services and FDA oversight
- Employers, regarding work-related illness or injury



- Cancer Registry
- Trauma Registry
- Birth Registry
- Health Oversight Agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths; crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- To coroners, medical examiners and funeral directors
- To organ procurement organizations
- To avert a serious threat to health or safety
- In connection with certain research activities
- To correctional institutions regarding inmates
- As authorized by state worker's compensation laws
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody

Individual Rights

You have the right to review or receive a copy of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access or a copy of your medical information from the Release of Information department located at the facility where you obtain your medical care.

Accounting of Disclosure

You have the right to receive an accounting of all use and disclosure of your health information that was not authorized by you and that was not used, by an Affiliate Entity or OHCA entity or a business associate, for the sole purpose of treatment, payment and health care operations. You must request this accounting in writing. This accounting is maintained



for a period of 6 years beginning on April 14, 2003, the effective date of this Notice. You may obtain a form to request an accounting of disclosures from the Release of Information department located at the facility where you obtained your medical care.

Restrictions: You have the right to request that we place additional restrictions on our uses or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You must make this request in writing.

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if it is reasonable; specifies the alternative means or location; and provides a satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendments: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement or disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others; (including people in ant future disclosures of that information.

Questions or Concerns

If you would like more information about our privacy practices or have questions or concerns about this Notice, please contact the Privacy Office at the number listed below.

Or you may contact the U.S. Department of Health and Human Services (DHHS) 200 Independence Ave. S.W., Washington, D.C.20201, or call Toll Free 1-877-696-6775.

To E- mail the DHHS Secretary or other Department Officials, send your message to hhsmail@os.dhhs.gov.