

# NOTICE OF PRIVACY PRACTICES

**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.**

**Introduction:** Mark R. Kaiser, M.D., P.A. is dedicated to providing you with the highest level of care, supporting the Patient Bill of Rights and Responsibilities as written by the Florida Legislature, and safeguarding the privacy of your medical and personal information. We are required to:

- Maintain the privacy of medical information provided to us;
- Provide notice of our legal duties and privacy practices;
- Notify you of a breach in your unsecured health information;
- Abide by the terms of our Notice of Privacy Practices currently in effect.

**Who Will Follow This Notice:** This Notice describes the privacy practices of Mark R. Kaiser, M.D., P.A. Its employees and staff at all locations will follow the terms of this Notice.

**Information Collected About You:** Each time you visit Mark R. Kaiser, M.D., P.A., a record of your visit is made. Typically this record contains your personal and medical information such as:

- Your name, address, and phone number;
- Information relating to your medical history;
- Your insurance information and coverage; and
- Information concerning your doctors or other medical providers
- Your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment.

Some information also may be provided to us by other individuals or organizations that are part of your "circle of care"- such as your other doctors, your health plan, and close friends or family members.

**How We May Use and Disclose Medical Information About You:** We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

**For Treatment.** We may use health information about you to provide you with medical treatment or services, in accordance with our policies and procedures. We may disclose health information about you to physicians or other personnel who are involved in taking care of you. They may work at our offices, another healthcare facility such as a hospital, another physician's office, laboratory or pharmacy. For example, we may perform a skin biopsy in our office and send it to a laboratory for analysis.

**For Payment.** We may use and disclose protected health information about you to bill for our services and to collect payment from you, an insurance company, or designated third party. For example, we may need to give your health plan information about you so that they may make a determination of eligibility or coverage.

**For Health Care Operations.** We may use and disclose information about you to support the general operation of our practice. These uses and disclosures are necessary to run our practice and make sure that our patients receive quality care. For example, we may use your protected health information internally to review the quality of the treatment and services you receive and evaluate the performance of our team members in caring for you.

**Public Policy Uses and Disclosures.** There are a number of public policy reasons why we may disclose medical information about you.

- **Required by Law:** We may disclose health information when we are required to do so by federal, state, or local law or in response to a valid subpoena, court order, warrant or summons. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Data Breach Notification Purposes.** We may use or disclose your health information to provide legally required notices of unauthorized access or disclosure of your health information.
- **Public Health:** As required by law, we may disclose medical information to public health or legal authorities charged with preventing or controlling disease, injury, disability, abuse, neglect or domestic violence.
- **Food and Drug Administration (FDA):** We may disclose medical information to the FDA to report adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.
- **Health Oversight:** We may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Disaster Relief, Coroners, Funeral Directors and Organ Donation:** We may release your medical information to assist in disaster relief efforts. We may also release medical information to a coroner or funeral director consistent with applicable law. In addition, we also may release medical information to organ procurement organizations, transplant centers, and eye or tissue banks.
- **Workers' Compensation:** We may release your personal health information to comply with workers' compensation laws and other similar legally-established programs.
- **Research:** We may disclose medical information to researchers when an Institutional Review or Privacy Board determines your privacy is adequately protected.

- **Military Activity and National Security:** If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We may also disclose medical information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.
- **Correctional Institutions:** If you are an inmate of a correctional institution, we may disclose your medical information to the institution necessary for your health and the health and safety of others.

**Business Associates:** We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these “business associates” so that they can perform the tasks that we hire them to do. Our business associates are obligated under contract with us to protect the privacy and ensure the security of your personal and identifiable health information.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose medical information to individuals involved in your care or its payment. If you are unable to agree or object we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care or to schedule an appointment.

**Your Written Authorization is Required for Other Uses And Disclosures Of Medical Information:** We are required to obtain written authorization from you for uses and disclosures of medical information for marketing purposes and disclosures that constitute a sale of your information. Other uses and disclosures not covered by this Notice or laws that apply to us will be made only with your written authorization. If you provide us with such permission, you may revoke it, in writing, at any time. We will no longer use or disclose personal information about you for the reasons covered by your written authorization except to the extent action has already been taken.

**Your Rights Regarding Medical Information:** Although your health record is the physical property of Mark R. Kaiser, M.D., P.A., the information belongs to you. You have the right to:

- Ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We are not required to grant the request, but we will comply with any request that is granted.
- Request that information regarding a particular service not be disclosed to your health plan or insurance for a service that you have paid for out-of-pocket in full.
- Request that you receive communications containing your protected health information from us by alternative means or at alternative locations.
- Inspect and copy medical and billing records about you, except under certain circumstances. If you ask for copies of this information, we may charge you a fee for copying, mailing and other supplies. You may request an electronic copy of your medical record if it is maintained in an electronic format. We may charge you a fee for the costs of labor incurred in producing such a copy.
- Ask us to amend your health records if you believe the information is incorrect or incomplete. Under certain circumstances, we may deny your request.
- Ask for an accounting of disclosures of your medical information as required to be maintained by law. An accounting will not include uses of disclosures for your treatment, payment for services furnished to you or our health care operations. The accounting will also not include disclosures made to you, your family or friends involved in your care or those disclosures you gave us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.
- Notification upon a breach of any of your unsecured protected health information
- A copy of this Notice in paper form at any time. If we maintain a web site that provides information about our practice, this Notice will be on the web site.

To exercise any of your rights, please contact our Privacy Officer in writing at Mark R. Kaiser, M.D., P.A., 301 E. Osceola St., Stuart, FL 34994, (772) 286-7081.

**Changes To This Notice:** We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for medical information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted.

**Comments/Complaints:** If you have questions or would like additional information, you may contact our Privacy Officer at Mark R. Kaiser, M.D., P.A., 301 E. Osceola St., Stuart, FL 34994, (772) 286-7081

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 2020, (877) 696-6775, [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). All complaints must be submitted in writing.

*You will not be penalized for filing a complaint.*