

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 THIS NOTICE CAREFULLY.

Dr. Fran Friedman is required by law to maintain the privacy of Protected Health Information (PHI) and provide you with his legal duties and Notice of Privacy Practices with respect to your PHI. Your health information is contained in a clinical record that is the physical property of Dr. Friedman. If you consent, federal privacy laws allow her to disclose PHI for the purpose of treatment, payment and health care operations.

Uses and Disclosures

Treatment: Your health information may be used by Dr. Friedman and staff, or disclosed to other health care professionals, for the purpose of evaluating your health, diagnosing your condition, and providing treatment. This information is documented in your clinical record. All disclosures of PHI are documented in the clinical record.

Payment: Your health information may be used to seek payment from your health plan or other responsible parties. For example, your health plan may request and receive information on diagnosis, dates of service, and treatment provided. If it becomes necessary to use a collection process due to lack of payment for service, Dr. Friedman will only use the minimum amount of PHI necessary for purposes of collections.

Health Care operations: Your health information may be used as necessary to support the day-to-day activities and management of Dr. Friedman's practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Appointment Reminders: Dr. Friedman or her staff may contact you as a reminder that you have an appointment at this office.

Required by Law: Under the law, Dr. Friedman may make disclosures of your PHI to you upon your request. In addition, Dr. Friedman must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining his compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law mandates Dr. Friedman to disclose information about you without your authorization, but only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as mandatory reporting or child abuse/neglect of a child or elderly person or mandatory government audits or investigations.
- Required by Court Order
- Required for preventing or lessening a serious and imminent threat to the health or safety of a person or the public. This includes disclosing the information to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Health emergency
- National security
- Deceased Persons

Other uses and disclosures require your authorization: Disclosure of your PHI or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified this office of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your PHI
- The right to receive confidential communications concerning your medical condition and treatment
- The right to ask to inspect and copy your PHI
- The right to amendment or corrections to your PHI
- The right to receive an accounting of how and to whom your PHI has been disclosed
- The right to receive a printed copy of this notice

Our Duties

Dr. Friedman and her staff are required by law to maintain the privacy of your PHI and to provide you with this notice of Privacy Practices. Dr. Friedman and his staff are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, Dr. Friedman reserves the right to amend or modify his Notice of Privacy Policies and practices. These changes in his policies and practices may be required by changes in federal and state laws and regulations. Upon request, Dr. Friedman will provide you with the most recently revised notice on your next office visit. These revised policies and practices will be applied to your PHI.

Requests to Inspect and Copy Protected Health Information

You may request to inspect or copy the PHI that is maintained. As permitted by federal regulation, requests to inspect or copy PHI must be submitted in writing. You may obtain a form to request access to your records by contacting the Receptionist. Your request will be reviewed and may be approved unless there are legal or clinical/medical reasons to deny the request. If you request an accounting disclosure of the release of your PHI or request a copy of your PHI a reasonable cost-based fee will be applied for the copies.

Complaints

If you would like to submit a complaint about these privacy practices you can do so in writing by outlining your concerns to Dr. Friedman or her designated Privacy Officer. You may also contact the Secretary of Health and Human Services at 200 Independence Avenue, SW Washington, D.C. 20201 or by calling (202) 619-0257.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning these privacy practices is Fran L. Friedman, Ph.D., 1155 Louisiana Avenue, Suite 106, Winter Park, FL 32789.

Effective Date

This notice is effective on April 14, 2003.