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NOTICE OF PRIVACY PRACTICES

Introduction:

At Erica O'Donnell D.O., P.A., we are committed to providing patient care and using health information responsibly while protecting your rights. This notice of health information practices describes the personal information we collect and how and when we use or disclose that information. This notice is effective September 01, 2019, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information:

Each time you visit Erica O'Donnell D.O., P.A., a record of your visit is made. Typically, this record contains your symptoms, examination notes, test results, diagnoses, treatment, and a plan for future care of treatment. This information often referred to 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 provided,
- Tool in educating health professionals, source of data for our planning and marketing, and
- Tool with which we can access and 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, when, where and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Notice of Privacy Practices (Continued)

Your Health Information Rights

Although your health record is the physical property of Erica O'Donnell D.O., P.A., the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Rights upon request,
- Obtain an accounting disclosure of your health information as provided in 45 CFR 164.538,
- Request communications of your health information by alternative means or at alternative locations, request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522,

- Request health information to be disclosed to another medical facility,
- Revoke your health information except to the extent that action has already been taken or mandated by law.

Our Responsibilities

Erica O'Donnell D.O., P.A. is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- 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 right change our practices and to make new provisions effective for all protected health information we maintain. Should our information practice change, we will post a revised notice visible in our office.

We will not use or disclose your health information without your authorization, except as described in this notice. We will no longer use or disclose your health information after we have received a written revocation of the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our office at (386) 673-0517.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office for Civil Rights. The address for the OCR is listed below:

Officer for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Notice of Privacy Practices (Continued)

Notification: We may use or disclose your protected health information, as permitted or required by law, to notify or assist in notifying a family member, personal representative, caregiver, or another individual you have identified regarding your location, general condition, or matters related to your care or payment for your care. We may also share information with individuals involved in your care when, in our professional judgment, doing so is in your best interest or as otherwise permitted by applicable law.

If you wish to limit or change the individuals with whom we may share your information, please notify our office in writing.

Communication from offices: To assist in carrying out Treatment, Payment, and Health Care Operations (TPO), we may communicate with you using the contact information you provide. These communications may include but are not limited to: appointment reminders; information regarding your treatment or follow-up care; prescription or refill notifications; laboratory, imaging, and other test results; billing and payment information; insurance matters; and other communications related to your health care.

Unless you instruct us otherwise, we may: call your home, mobile phone, or other designated phone number and leave a message with you, on your voicemail, or with an individual who answers the phone when appropriate; send text messages to the mobile phone number you provide for appointment reminders and other communications related to your care; send emails to the email address you provide for communications related to your care, including patient statements, appointment reminders, and notifications that information is available in your patient portal, mail correspondence, including appointment reminders, billing statements, and other information related to your care, to the mailing address you provide; post information, including laboratory and imaging results, visit summaries, educational materials, and secure messages, to your patient portal. You may also receive email or text notifications advising you that a new message or document is available on your patient portal.

Communication with family: Our healthcare providers and staff may, using their professional judgment and as permitted by applicable law, disclose protected health information that is directly relevant to a family member, other relative, close personal friend, caregiver, or any other individual you identify as being involved in your care or the payment for your care. Such disclosures will be limited to the information necessary for that person's involvement in your care or payment for your care.

If you prefer that we do not communicate with certain individuals or wish to designate specific individuals with whom we may share your health information, please notify our office in writing.

Open treatment areas: At times, patient care may be provided in treatment areas where complete privacy cannot be guaranteed. Although we make every reasonable effort to safeguard your privacy and discuss your health information as discreetly as possible, there may be occasions when limited information is inadvertently overheard by other patients, visitors, or staff during your treatment.

Notice of Privacy Practices (Continued)

If you have concerns about discussing your health information in an open treatment area or would prefer additional privacy, please notify a member of our staff or the Office Manager. We will make reasonable efforts to accommodate your request whenever possible.

Marketing: We may contact you by telephone, voicemail, text message, email, mail, or through our Patient Portal to provide appointment reminders, follow-up instructions, information regarding your treatment, test results, prescription refill reminders, or other communications related to your healthcare.

We may also contact you to inform you about treatment alternatives, preventive health services, wellness programs, disease management services, or other health-related benefits and services that may be of interest to you.

If you prefer not to receive certain types of communications or would like to change your communication preferences, please notify our office in writing. We will honor your request to the extent required by applicable law.

Food and Drug Administration (FDA): We may disclose your protected health information to the **U.S. Food and Drug**

Administration (FDA) or other individuals or entities acting under its authority, as permitted or required by law, for purposes such as reporting adverse events, product defects or problems, biologic product deviations, tracking regulated products, enabling product recalls, repairs, or replacements, or conducting post-marketing surveillance and other activities related to the safety, effectiveness, or quality of FDA-regulated products.

Public Health: We may disclose your protected health information to public health authorities or other government agencies authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. These disclosures may include reporting diseases, injuries, vital events (such as births or deaths), conducting public health surveillance, investigations, or interventions, reporting adverse events, or carrying out other public health activities as required or permitted by applicable law.

Law Enforcement: We may disclose your protected health information to law enforcement officials as required or permitted by applicable law, including in response to a court order, warrant, subpoena, summons, or other lawful legal process, and as otherwise authorized under the HIPAA Privacy Rule.

We may also disclose your protected health information to health oversight agencies authorized by law to conduct audits, investigations, inspections, licensure, or disciplinary actions, civil, administrative, or criminal proceedings, or other activities necessary for oversight of the healthcare system, government benefit programs, or compliance with applicable laws.

In addition, federal law permits members of our workforce or our business associates to disclose protected health information to an appropriate health oversight agency, public health authority, or attorney if they believe in good faith that we have engaged in unlawful conduct or have

Notice of Privacy Practices (Continued)

otherwise violated professional or clinical standards that may have endangered one or more patients, workers, or members of the public, as permitted by applicable law.

IF YOU HAVE QUESTIONS REGARDING THIS POLICY, PLEASE CONTACT THE OFFICE MANAGER.