



Florida Digestive Health Specialists, LLP- NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices outlines how your medical information may be used and disclosed and how to access it. Please take the time to review it carefully. Remember, you can obtain a paper copy of this Notice upon request.

Patient Health Information

Your patient health information is protected and confidential under federal law, including details about your symptoms, test results, diagnosis, treatment, and related medical information, as well as your payment, billing, and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information without your permission.

Examples of Treatment, Payment, and Health Care Operations

Treatment: We will use and disclose your health information to provide medical treatment or services. For example, nurses, physicians, and other treatment team members will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other healthcare providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper record administration, evaluation of the quality of treatment, and assessment of the care and outcomes of your case and others like it.

Special Uses

We may use your information to send you appointment reminders, provide information about treatment alternatives, or offer other health-related benefits and services that interest you.

Other Uses and Disclosures

- We may use or disclose your health information without your consent for certain purposes as permitted by specific requirements.
- **Required by Law:** We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
- **Health Oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- **Judicial and Administrative Proceedings:** We may disclose information in response to an appropriate subpoena or court order.
- **Law Enforcement Purposes:** Subject to certain restrictions, we may disclose information law enforcement officials require.
- **Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- **Serious Threat to Health or Safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Special Government Functions:** If you are an armed forces member, we may release information as military command authorities require. We may also disclose information to correctional institutions or for national security purposes.

- Research: We may use or disclose information for approved medical research.
- Workers Compensation: We may release information about you for workers' compensation or similar programs providing benefits for work-related injuries or illness.

We will always ask for your written authorization before using or disclosing identifiable health information about you, except in certain situations. If you do choose to sign an authorization, you can revoke it later to stop any future uses and disclosures of your health information.

Individual Rights

You have the following rights concerning your health information.

Request Restrictions: You may request restrictions on specific uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions,

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a specific address or not using postcards to remind you of appointments,

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your information. There may be a small charge for the copies.

Amend Information: If you believe that information in your record is incorrect or important information is missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed your health information for reasons other than treatment, payment, or healthcare operations.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information. We provide this Notice about our legal duties and privacy practices regarding protected health information and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices

We reserve the right to change our policies at any time. Prior to making a significant change, we will update our notice and display the new notice in the waiting area and each examination room. You can also ask for a copy of our notice at any time. For further information about our privacy practices, please contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights or disagree with our decision about your records, you may contact the person listed below and send a written complaint to the U.S. Department of Health and Human Services. The **Contact Person** listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

Compliance Officer:

Deanne DiPasqua
10920 Technology Terrace
Lakewood Ranch, FL 34211
Email: compliance@fdhs.com
Phone: 941-757-4810, ext. 323

Effective Date: The effective date of this Notice is September 18, 2019.

Revised Date: June 13, 2023.