

# **Gulfstream Urology Associates, P.A.**

**2100 Nebraska Avenue, # 211, Ft. Pierce, FL, 34986**

**1631 N.W. St. Lucie West Boulevard, # 201, Port St. Lucie, FL 34986**

## **Notice of Privacy Practices (HIPPA)**

Effective Date: 5/1/2007

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice of Privacy Practices ("Notice"), please contact:

NAME: Gulfstream Urology Associates, P.A. (Office Manager)

PHONE NUMBER: 772-465-2020

### **Section A: Who Will Follow This Notice?**

This Notice describes our practices and that of any health care professional in Gulfstream Urology Associates, P.A. ("Practice") authorized to enter information into your medical record.

- Any member of a volunteer group we allow to help you while you are receiving care from this Practice.
- All our employees, staff and other personnel.
- Lawnwood Regional Medical Center and Heart Institute, Ft. Pierce  
Surgery Center, United Medical Systems.

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or practice operations purposes described in this Notice. This list may not reflect recent acquisitions or sales of entities, sites or location.

### **Section B: Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a

record of the care and services you receive at this Practice. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all of the records of your care generated or maintained by this Practice. Any medical institution such as a hospital or nursing home at which we may treat you may have different policies or Notices regarding that medical institution's use and disclosure of your medical information created in that medical institution.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

### **Section C: How We May Use and Disclose Medical Information About You?**

The Following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Practice personnel or personnel in medical institutions such as a hospital or nursing home in which you receive care. For example, a doctor working for a hospital or for another physician practice who is treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that the hospital or nursing home can arrange for appropriate meals. We may share your medical information with different departments of a hospital or nursing home in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose your medical information about you to other people outside this Practice who may be involved in your medical care such as family members, clergy or others who provide services that are part of your care.

Payment: We may use and disclose medical information about you so that the treatment and services you receive from this Practice may be billed to and

payment may be collected from you, and insurance company or a third party. For example, we may give your health plan information about a medical procedure such as surgery that we performed for you so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations: We may use and disclose medical information about you in order to operate this Practice. These uses and disclosures are necessary to run this Practice and to make sure that all of our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about other patients to decide what additional services that we can offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to other doctors, nurses, technicians, medical students and even personnel from other medical institutions such as a hospital or nursing home for review and learning purposes. We may also combine the medical information we have with the medical information from other medical institutions such as hospitals, nursing homes or other physician practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

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

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Hospital Directory: We may disclose certain information about you to a medical institution such as a hospital or nursing home in order for that medical institution to list you in its directory while you are a patient at that medical institution. This information may include your name, location in the medical institution, your general condition (e.g, fair, stable, etc.) and your religious

affiliation. This is so your family, friends and clergy can visit you in the medical institution and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in a medical institution such as a hospital or nursing home. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to the people preparing to conduct the research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the location in which it was generated or maintained. We will almost always generally ask you for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at our Practice location(s).

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

## **Section D: Special Situations**

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To Prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people or recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;

To identify or locate a suspect, fugitive, material witness, or missing person;

     About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

     About a death we believe may be the result of a criminal conduct:

     About criminal conduct at a medical institution such as a hospital or nursing home; and

     In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

     Coroners, Medical Examiners, and Funeral Directors: We may release medical

information to a coroner or medical examiner. This may be necessary, for example, to identify of a deceased person or determine the cause of death.

We may also release medical information about our patients to funeral directors as necessary to carry out their duties.

     National Security and Intelligence Activities: We may release medical information about you to authorize federal officials for intelligence, counterintelligence and other national security activities authorized by law.

     Protective services for the President and Others: We may disclose medical protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

     Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, or the safety and security of the correctional institution.

### **Section E: You're Rights Regarding Medical Information about You**

You have the following rights regarding medical information we maintain about you:

     Right to Inspect and Copy: You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include Psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your

request.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Practice. In addition, you must provide a reason that supports your request.

Denial: We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the medical information kept by or for the Practice.

Is not part of the information which you would be permitted to inspect and copy; or

Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. Your request must state a time period, which may not be longer than six years and may not include dates before August 1, 2005. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In your request, you must tell us what information you want to limit our use, disclosure, or both, and to who you want the limits to apply (for example, disclosure to your spouse).

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if You have agreed to receive the Notice electronically, you are still entitled to a Paper copy of this Notice.

To exercise the above rights, please complete request in writing and send to:  
Medical Records  
2100 Nebraska Ave, Suite 211, Ft. Pierce, FL 34950

### **Section F: Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post, in this Practice, a copy of the current Notice. The Notice will contain on the first page the effective date.

### **Section G: Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with this Practice, contact the individual identified on the first page of this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

I acknowledge receipt of this summary of Gulfstream Urology Associates, P.A.  
Notice of Privacy.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

At times patients may wish to have information regarding their medical condition(s), lab reports, medications, appointment times, etc. Discussed verbally with other individuals such as spouse, other family members, friend and caregiver in the office or by the telephone. If this applies to you please indicate below any person authorized to receive verbal information regarding your care.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_