

Fana Medical Group Privacy Notice

This notice describes how protected health information may be used and disclosed and how you can access this information. Please review this notice.

Dear Patient:

Fana Medical Group is committed to treating and using Protected Health Information (PHI) about you responsibly. This Privacy Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your Protected Health Information. This notice is effective October 1, 2005 and applies to all protected health information as defined by federal regulations. This notice refers to Fana Medical Group using terms “us”, “we”, or “our”.

Uses/Disclosures: We use PHI about you for treatment, payment and operational purposes. We do not require authorization to use your PHI for these purposes. There are several other reasons we may use your PHI without your acknowledgement. The information, also referred to as Medical Record or Health Record serves as:

- a) Communication among health care professionals who contribute to your care.
- b) Basis for planning your care and treatment.
- c) Method to assess quality compliance and outcomes.
- d) Source of Data for Medical Research.
- e) Legal document describe the care you received.
- f) Means by which you or a third party payer can verify that services were rendered.

Understanding what’s in your record and how your PHI is used helps you ensure its accuracy. In addition, it helps you better understand who, what, when, why and where others access your information.

What are your Medical Record Information Rights: The medical record is the physical property of Fana Medical Group, which contains information about you. You have the right to:

- a) Obtain a paper copy of this Privacy Notice upon request.
- b) Request a restriction on certain uses/disclosures of your PHI although we’re not required to agree.
- c) Inspect, amend and copy your medical records according to Federal Regulations.
- d) Receive PHI by alternative means or at alternative locations. (i.e. work)
- e) Revoke your authorization to use or disclose medical information except to the extent that action already has been taken.

Our Rights and Responsibilities: We at Fana Medical Group are required to:

- a) Charge a fee to copy your records.
- b) Maintain the privacy of your PHI.
- c) Reply within 60 days to inspect or copy PHI.
- d) Abide by the terms in this notice.
- e) Notify you in the event we were unable to agree to a requested restriction.
- f) Provide you with this Privacy Notice.
- g) Accommodate reasonable request you may have to communicate medical information by alternative means or at alternative locations.

We reserve the right to change our practices and make new provisions effective for all protected health information we maintain as required by changes in Federal or State Regulations.

We will not use your medical information without your authorization, except as described here. We will also discontinue to use or disclose your PHI after receiving written revocation of the authorization according to the procedures in the authorization.

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Examples of how we will use and or disclose your information:

1) How is my information used for payment?

You may receive a claim from an insurer that may contain information identifying you as well as the diagnosis for which you were treated.

2) Who else can view my information?

Our Business Associates such as Billing Services, transcription services. We also request from them to safeguard your PHI properly at the time we contract their services.

3) What about notifying my family or caregiver (s)?

We will disclose information using our best judgment to any person you identify (personal friend or family member) as long as it will be relevant to your health care or the payment thereof.

4) How is my information used for treatment?

Information obtained from clinical staff in our practice will be recorded in your record and used to determine proper treatment or diagnosis.

5) What other ways will my information be disclosed to other parties?

Marketing: We may contact you to remind you of office visits, test results or other health-related issues that may be beneficial to you.

Research: Upon approval of the proper Review Boards, we may occasionally disclose information to researchers.

Law Enforcement: We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law allows your PHI to be released to a proper health oversight agency, public health agency or attorney provided that a work force member or associate believes in good faith we have not engaged in unlawful conduct or violated clinical or professional standards potentially endangering one or more patients, workers or the public.

You will be asked to sign an acknowledgement form upon receipt of this privacy notice. The purpose of this is to make you aware of how we may use and or disclose your PHI and for what purposes. We also want you to be aware of your privacy rights under these rules. If you decline to sign the acknowledgement form we will continue to provide you treatment as well as use and disclose your PHI for treatment, payment and healthcare operations when necessary. Your healthcare services will not be jeopardized or suspended in the event you refuse to sign the acknowledgement.

Questions? For additional information, please contact our privacy officer at 727-384-0192.

If you believe your rights have been violated, you can file a complaint with our officer or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retribution for filing a complaint with either the Privacy Officer or the OCR. You may contact the OCR at:

Office for Civil Rights
US Dept of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201