HIPAA Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. This Notice applies to all protected health information maintained in electronic or paper form by the practice. 

We will not use or disclose your PHI without your authorization except as described in this Notice. We reserve the right to change the terms of this Notice at any time, but any such changes will apply to protected health information we create or receive on or after the effective date of the change. Upon your request, a current Notice of Privacy Practices will be given to you at no charge. 

If you have any questions about this Notice, you may contact Denis Burns, FMPP Compliance Officer by email at compliance@med.fsu.edu or by phone at (850)645-3882.

You have the right to inspect and copy your protected health information. You may request a copy of your PHI in a form or format of your choosing if you inform us in writing of the format you desire. We will provide a paper copy of your PHI if you do not request an electronic copy.

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or healthcare operations. You may request a restriction of your PHI for any purpose. However, we are not required to agree to a requested restriction. If we agree to the restriction, we will comply with it except in the event of an emergency, and we will notify you if the restriction is terminated.

You have the right to request confidential communications from us by alternative means or at alternative locations. We will comply with your request if it is reasonable and feasible to do so. We will not deny your request if it is made in good faith.

You have the right to request to receive confidential communications from us by alternative means or at alternative locations. We will comply with your request if it is reasonable and feasible to do so. We will not deny your request if it is made in good faith.

You have the right to receive an accounting of certain disclosures. This does not include disclosures you authorise, use or disclose your PHI for purposes of treatment, payment, healthcare operations, required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

The following are statements of your rights with respect to your protected health information.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information (fees may apply). You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization.

You have the right to request confidential communications from us by alternative means or at an alternative location. You have the right to receive confidential communications from us by alternative means or at an alternative location.

You have the right to receive confidential communications and to protect the privacy of your health information.

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or healthcare operations. You may request a restriction of your PHI for any purpose. However, we are not required to agree to a requested restriction. If we agree to the restriction, we will comply with it except in the event of an emergency, and we will notify you if the restriction is terminated.

You have the right to request confidential communications from us by alternative means or at alternative locations. We will comply with your request if it is reasonable and feasible to do so. We will not deny your request if it is made in good faith.

You have the right to receive an accounting of certain disclosures. This does not include disclosures you authorise, use or disclose your PHI for purposes of treatment, payment, healthcare operations, required by law, that occurred prior to April 14, 2003, or six years prior to the date of this request.

We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. We will not retaliate against you for filing a complaint. Contact Denis Burns, FMPP Compliance Officer by email at compliance@med.fsu.edu or by phone at (850)645-3882.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.