

## **FLORIDA MEDICAL PAIN MANAGEMENT, LLC NOTICE OF PRIVACY PRACTICES**

### **Florida Medical Pain Management Duties**

Florida Medical Pain Management (FMPM) is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how FMPM keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. As part of the company's legal duties this Notice of Privacy Practices must be given to you. The company is required to follow the terms of the Notice of Privacy Practices currently in effect. Florida Medical Pain Management may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted at all Florida Medical Pain Management buildings and will be available by email upon request.

### **Uses and Disclosures of your protected health information**

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person. Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. Florida Medical Pain Management can act as each of the above business types. This medical information is used by Florida Medical Pain Management in many ways while performing normal business activities. Your protected health information may be used or disclosed by Florida Medical Pain Management for purposes of treatment, payment, and health care operations. *Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. Florida Medical Pain Management may use or disclose your health information for case management and services.*

Your information may be used by certain personnel to improve the company's health care operations. The company also may send you appointment reminders, information about treatment options or other health-related benefits and services. Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the company.
- Investigations and audits by the state's Inspector General and Auditor General and the legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes including vital statistics, disease reporting, public health surveillance, investigations, interventions and regulation of health professionals.
- District medical examiner investigations.
- Court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by the department will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. These uses and disclosures may be for marketing and for research purposes. Certain uses and disclosure of psychotherapist notes will also require your written authorization.

### **Individual Rights**

**You have the right to request Florida Medical Pain Management to restrict the use and disclosure of your protected health information** to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The company is not required to agree to any restriction.

**You have the right to be assured that your information will be kept confidential.** Florida Medical Pain Management may mail or call you with health care appointment reminders. We will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

**You have the right to inspect and receive a copy of your protected health information.** Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the company.

**You have the right to correct your protected health information.** Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. Florida Medical Pain Management may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the company,
- Is not protected health information,
- Is by law not available for your inspection, or
- Is accurate and complete.

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The company will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

**You have the right to receive a summary of certain disclosures** Florida Medical Pain Management may have made of your protected health information. This summary does **not** include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures for health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to January 1, 2013.

This summary **does** include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6-year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

**For Further Information**

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the director or administrator of Florida Medical Pain Management facility where you received the notice.

HIPAA compliance officer: Laura Kohler

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the: Florida Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/telephone 850-245-4141 and with the Secretary of the U.S. Department of Rights and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The company will not retaliate against you for filing a complaint.

**Effective Date**

This Notice of Privacy Practices is effective beginning March, 2008 and updated January 1, 2013, and shall be in effect until a new Notice of Privacy Practices is approved and posted.