DIGESTIVE HEALTH
PHYSICIANS

239-939-9939
7152 Coca Sabal Lane, Fort Myers, Florida 33908
www.digestivehealth.com

NOTICE OF PRIVACY POLICY

EFFECTIVE DATE OF PRIVACY NOTICE: April 14, 2003

THIS NOTICE 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, please contact: Administrator**, 7152 Coca Sabal Lane, Fort Myers, Florida 33908.**

I. OUR GENERAL DUTIES REGARDING YOUR MEDICAL INFORMATION

We receive, use and create medical information and records related to the care and services you receive at Digestive Health Physicians, P.L. ("Practice"). We need such information to provide you with quality care, to comply with certain legal requirements, and to carry out business functions of the Practice. We are required by law to maintain the privacy of your medical information (also known as "protected health information"). In other words, we must make sure that medical information that identifies you is kept private. We are committed to protecting your privacy rights, and will only use or disclose your medical information as permitted by law.

This Notice of Privacy Policy ("Notice") applies to all of the records of your care used or generated by this Practice and describes the different ways that we use and disclose your medical information. It also describes certain rights that you have with respect to your medical information. We are required by law to give you this Notice of our legal duties and privacy practices with respect to medical information about you. You have the right to receive a paper copy of this Notice. In addition, if we maintain an Internet Web Site, we will make a copy of our current Notice available on that Site.

We are required by law to abide by the terms of the Notice that is currently in effect. Please be aware that we may change the terms of this Notice at any time. We will post a copy of the current notice in the office waiting area. In addition, at any time, we will make a copy of the current Notice available to you upon your request.

II. USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

A. Frequent and Routine Uses and Disclosures for Treatment, Payment, Health Care Operations, and Administrative Purposes.

At your first face-to-face visit to our offices on or after April 14, 2003, we will use good faith efforts to obtain from you a written acknowledgment that you have received a copy of this Notice. After that, with a very few exceptions described below, applicable Florida and Federal (HIPAA) laws permit us to use and disclose your medical information for treatment, payment and/or health care operations purposes and other routine uses, as described below.

(i) **No Consent Needed:** We are not required to obtain your consent to use/disclose your patient information for the following purpose(s):

(a) **Treatment** - We may use or disclose medical information about you, including, but not limited to, information about AIDS/HIV status, genetic testing results/information (***other than*** DNA test results), and information about psychological conditions, to provide you with medical treatment or services. This means that we may share medical information about you with doctors, nurses, and other staff here at the Practice who are involved in taking care of you. It also means that we may disclose medical information about you to providers outside our office who are or may be involved in your medical care. For example, we may disclose medical information to another physician, a hospital, surgical center or other facility, including specifically the Gulf Coast Endoscopy Centers, to which we may send you for procedures or follow-up care.

(b) **Appointment Reminders and Other Administrative Purposes** We may also use and disclose medical information about you to:

- Contact you as a reminder that you have an appointment for treatment at the Practice (but this may be limited by your request for confidential communications, as described below on page 3);
- Tell you about or recommend possible treatment options or alternatives that may be of interest to you;
- Tell you about health-related benefits or services that may be of interest to you; and

(ii) **Consent Needed.** For the following uses and disclosures, we will obtain your consent as part of our routine office registration procedures. Please understand that, if you do not consent to our use/disclosure of your medical information for these purposes, we may refuse to treat you. Also, once you give your consent, that consent is effective until you specifically revoke it**.**

(a) **For Payment** - We may use or disclose medical information about you to your insurance company, a governmental payer or other responsible third party for the purpose of receiving payment for the medical treatment you have received. For example, we may tell your health plan about a medical treatment you are going to receive to obtain prior approval or to

determine whether your plan will cover the treatment. We may also use your medical information for billing and collections purposes.

(b) **For Health Care Operations** - We also may use and disclose medical information about you for purposes of health care operations. These uses and disclosures are for the necessary business of the Practice, and they include such activities as education and training and quality improvement. 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. For some of these health care operations purposes, we will share your medical information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the Practice. Whenever an arrangement between our Practice and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

(iii) **Exceptions** -- Florida law gives certain types of medical information more stringent confidentiality protection. Ordinarily, because of the nature of our Practice, we do not have occasion to access, use or disclose such information. If we do use such information, however, our practices will be as follows.

(a) **AIDS/HIV** -- For purposes other than patient treatment, we must obtain your specific authorization before we disclose information about HIV/AIDS status or testing results. Thus, for example, we must obtain specific authorization from you before releasing any such information about you for payment or health care operations purposes, but we do not have to do so for treatment purposes.

(b) **Genetic (DNA) Testing** -- For DNA test results only, we must obtain specific authorization from you before we disclose such results for any purpose, including treatment, payment or health care operations. Other forms of genetic test results/information are not given such special protection and may be used or disclosed by the Practice for the general treatment, payment and health care operations purposes, as described above in Paragraphs (i) and (ii) of this Section A.

(c) **Mental Health Records** -- For clinical record excerpts prepared by private or public treatment facilities operated by or under contract with the Florida's Mental Health Authority, we must obtain specific authorization from you before we re-disclose such records for any purpose, including treatment, payment or health care operations. Information on psychological/mental health matters from any other sources are not given such special protection and may be used or disclosed by the Practice for the general treatment, payment and health care operations purposes, as described above in Paragraphs (i) and (ii) of this Section A.

B. Other Uses and Disclosures of Medical Information for which Patient Permission or Authorization is Not Necessary

We may use and disclose medical information without your express permission in the following situations:

(i) **Uses and Disclosures to Family and Friends** - We may disclose to your family member, or close personal friend involved with your medical care, medical information about you that is directly relevant to your family member or friend's involvement with your care or with the payment related to your care. In most instances, before we disclose any medical information about you to your family members or your friends, we will inform you of the disclosure and give you an opportunity to agree or object to the disclosure.

(ii) **Uses and Disclosures for Disaster Relief Purposes** - For the limited circumstances of disaster relief efforts, we may disclose medical information about you to your close family or friends, or to a public or private disaster relief entity for purposes of notifying your family and friends of your condition and location. If you are available and competent, prior to the disclosure we will give you an opportunity to agree or object to the disclosure to the extent that providing you with prior notice and an opportunity to restrict or object to the disclosure will not interfere with our ability to respond to the emergency situation.

(iii) **Uses and Disclosures Required by Law** - We may use or disclose medical information to the extent that such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law;

(iv) **Uses and Disclosures for Public Health Activities** - We may use or disclose medical information about you for public health activities, such as to:

(a) a public health authority that is authorized by law to collect or receive information for the purposes of preventing or controlling disease, injury, or disability;

(b) or to a public health authority or other appropriate government entity authorized by law to receive reports of child abuse or neglect;

(c) an FDA agent or official to report reactions to medication or problems with products;

(d) a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or

(e) an employer, to evaluate whether the individual has a work-related illness.

(v) **Disclosures about Victims of Abuse, Neglect or Domestic Violence** - We may disclose medical information about you to a government authority, including a social service or protective agency if we reasonably believe a patient to be a victim of abuse, neglect, or domestic violence.

(vi) **Uses and Disclosures for Health Oversight Activities** - We may disclose or use medical information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; or

licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

(vii) **Disclosures for Judicial and Administrative Proceedings** -We may disclose medical information about you in the course of any judicial or administrative proceeding with a valid court order or appropriate subpoena or discovery request, so long as we follow certain procedures required by Florida or federal law.

(viii) **Disclosures for Law Enforcement Purposes** - We may disclose medical information if asked to do so by a law enforcement official, so long as we follow certain procedures required by Florida or federal law.

(ix) **Uses and Disclosures to Coroners, Medical Examiners and Funeral Directors** - We may release medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law. We may also release medical information to funeral directors as necessary to carry out their duties.

(x) **Uses and Disclosures for Organ, Eye or Tissue Donation Purposes** - We may use or disclose medical information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

(xi) **Uses and Disclosures for Research Purposes** - We may use or disclose medical information about you for research purposes, if we follow a special approval process. This process evaluates a proposed research project and its use of medical information, specifically trying to balance the research needs with patients' needs for privacy of their medical information. If we do not complete this approval process, we will not use or disclose medical information for research without your Authorization.

(xii) **Uses and Disclosures to Avert a Serious Threat to Health or Safety** - We may use or disclose (and sometimes Florida law requires us to use or disclose) medical information about you if we reasonably believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or any other person.

(xiii) **Uses and Disclosures for Specialized Government Functions** - We may use or disclose medical information of individuals who are Armed Forces personnel, to authorized federal officials for national security and intelligence purposes and for protection of the President of the United States or other heads of state. In some circumstances, we may use or disclose medical information about an inmate or individual that the correctional institution has lawful custody of.

(xiv) **Uses and Disclosures for Workers' Compensation** - We may disclose medical information as authorized by and to the extent necessary to comply with Florida's laws relating to workers' compensation.

C. Uses and Disclosures With Your Authorization Only --

A use and disclosure of medical information for purposes not listed above in Sections A and B, including most marketing purposes, will only be made with the your written Authorization. The Authorization form that we use complies with applicable laws. You may revoke this Authorization at any time by providing us with written notice of such revocation. Your revocation shall become effective immediately upon our receipt of such notice, except to the extent that we have already relied upon your previous Authorization.

III. YOUR RIGHTS REGARDING PRIVATE MEDICAL INFORMATION

You have the following rights with respect to your own medical information.

A. Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures of your medical information to carry out 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, like a family member or friend. For example, you could ask that we not disclose or use information about a certain medical treatment you received. **We are not required to agree to your request, however.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to: Administrator**, 7152 Coca Sabal Lane, Fort Myers, Florida 33908**. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure, or both; and
- to whom you want the limits to apply, for example, disclosures to your spouse.

B. Right to Receive 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. To request confidential communications, you must make your request in writing to Administrator**, 7152 Coca Sabal Lane, Fort Myers, Florida 33908**. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

C. Right to Inspect and Copy Your Medical Information

You have the right to inspect and copy medical information that may be used to make decisions about your care. If you agree in advance, we may provide you with a summary or explanation of your medical information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Administrator**, 7152 Coca Sabal Lane, Fort Myers, Florida 33908**. If you request a copy of the information, we may charge a fee for the costs of preparing a summary or explanation of your medical information or for the costs of copying, mailing, or other supplies

associated with your request. The person listed above can also advise you about any fees that we will charge for copying the information that you have requested, which Florida law, from time to time, limits.
We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to certain medical information, in many instances you may request that the denial be reviewed.

D. Right to Amend Medical Information

You have the right to request an amendment of your medical information if you feel the information is incomplete or incorrect for as long as the information is maintained by the Practice. To request an amendment, your request must be made in writing and submitted to Administrator**, 7152 Coca Sabal Lane, Fort Myers, Florida 33908**. If for some reason the Practice, in compliance with state and federal law, rejects your amendment, we shall permit you to submit to us a written statement of disagreement to be kept with your medical information. The Practice may reasonably limit the length of such statement of disagreement.

E. Right to Receive an Accounting of Certain Disclosures of Medical Information

You have the right to receive an accounting of some of the disclosures of your medical information made by the Practice in the six years prior to the date on which the accounting is requested. We **DO NOT** have to account for disclosures made:

- to carry out treatment, payment and health care operations;
- to you (or your legal representative);
- for the facility's directory or to persons involved in the individual's care;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials;
- pursuant to your Authorization;
- for certain research purposes; or
- that occurred prior to April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to Administrator**, 7152 Coca Sabal Lane, Fort Myers, Florida 33908**. You have the right to one accounting of disclosures of your medical information in a twelve-month period free of charge. We may charge a reasonable fee for the costs associated with your request for any additional accountings within the same twelve-month period. You may modify or withdraw your additional accounting requests in order to reduce or avoid the fee.

F. Right to complaint about the breach notification

Complaints: The organization must provide a process for individuals to make complaints concerning the organization's patient privacy policies and procedures or its compliance with such policies and procedures. Individuals have the right to complain about the organization's breach notification processes.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary of the Department of Health and Human Services, contact Medical Privacy, Complaint Division, Office of Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201; Voice Hotline Number (800) 368-1019; Internet Address www.hhs.gov/ocr**.**

To file a complaint with the Practice, contact Administrator**, 7152 Coca Sabal Lane, Fort Myers, Florida 33908**. All complaints must be submitted in writing.

You will not be penalized in any way for filing a complaint.