

## OUR RESPONSIBILITIES TO YOU

We are required by law to maintain the privacy of your health information, to provide you with notice of our legal duties and privacy practices with respect to your health information, and to comply with the terms of our Notice currently in effect.

### Patient Privacy

At **Soni Family Practice**, your privacy is a priority. We follow strict federal and state guidelines to maintain the confidentiality of your medical (protected health) information.

### Protected Health Information

Protected health information (PHI) is any information about your past, present, or future health care, or payment for that care that could be used to identify you.

Members of our workforce and our business associates may only access the minimum amount of protected health information that they need to complete their assigned tasks.

### Use and Disclosure of PHI

When you visit **Soni Family Practice**, we use and disclose your protected health information to treat you, to obtain payment for services, and to conduct normal business known as health operations. We may also share information with a contracted business associate who must meet our privacy requirements. Examples of how we use and disclose your information include:

- **>Treatment** – We document each visit. This documentation may include your test results, diagnoses, medications, and your response to medications or other therapies. This allows your

doctors, nurses and other clinical staff to provide the best care to meet your needs.

- **Payment** – We document the services and supplies you receive at each visit so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require its approval.
- **Health Care Operations** – Medical information is used to improve the services we provide, to train staff and students, for business management, performance improvements, and customer service.

We may also use information to:

- >Recommend treatment alternatives.
- >Tell you about health benefits and services.
- >Communicate with other Medical Center members or business associates for treatment, payment or health care operations.
- >Send appointment reminders.
- >Communicate with family or friends involved in our care with your permission.
- >Include you on the inpatient list for callers or visitors if you are admitted.\*
- >Let clergy know if you are being admitted.\*

\*Indicates those areas that are optional.

There are limited times when we are permitted or required to disclose medical information without your signed permission. These situations are listed below:

- >For public health activities such as tracking diseases or medical devices.
- >To protect victims of abuse or neglect.
- >For federal and state health oversight activities such as fraud investigations.
- >For judicial or administrative proceedings.
- >If required by law or for law enforcement.
- >To coroners, medical examiners and funeral directors.
- >For organ donations.
- >To avert serious threat to public health or safety.
- >For specialized government functions such as national security and intelligence.
- >To Worker's Compensation if you are injured at work.
- >To a correctional institution if you are an inmate.
- >For research following strict review to ensure protection of information.

### Quality Improvement Purposes

We may disclose health information about you to another healthcare facility that was also involved in your care if requested for purposes of that facility's internal quality improvement activities, such as evaluating patient outcomes. We will limit such disclosure to only that information which is minimally necessary for the other facility to perform its quality improvement functions.

Other uses and disclosures, not previously described, may only be done with your signed authorization. You

may revoke your authorization, in writing, at any time.

## **OUR RESPONSIBILITIES**

**Soni Family Practice** is required by law to maintain the privacy of your medical information, provide this notice of our duties and privacy practices, and abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be posted in our practice.

## **YOUR RIGHTS**

You have the right to:

Request that we restrict how we use or disclose your medical information (we are not required to abide by your request).

Request that we use a specific telephone number or address to communicate with you.

Inspect and copy your medical information (fees may apply)\*

Request amendment to your medical information (reason required)\*

Receive an accounting of how your medical information was disclosed (excludes disclosures for treatment, payment, health care operations and some required disclosures (fees may apply)\*)

Obtain a paper copy of this notice if you received it electronically.

Register a complaint.

## **To Contact Us**

If you have questions about this notice. Contact the Privacy Officer at **863.588.4775**.

If you would like to exercise your right or if you feel your privacy rights have been violated contact the Privacy Officer at **Soni Family Practice, 2217 North Blvd., West, Suite B, Davenport, FL 33837**

All complaints will be investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, D.C.

A detailed Privacy Notice is available upon request.

## **SONI FAMILY PRACTICE**

### **PRIVACY NOTICE**

Effective: 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 read carefully.

At **Soni Family Practice** we respect the privacy and confidentiality of your health information. This Notice of Privacy describes how we may obtain, use and disclose your health information, and your rights concerning your health information. The Notice applies to your health information created and/or maintained at our Practice, including any information that we receive from other health care providers or facilities. Your health information includes individually identifiable information that relates to your past, present or future health treatment or payment for health care services.