

## NOTICE OF PRIVACY PRACTICES

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.

### **PURPOSE OF THIS NOTICE:**

Kenneth H. Farrell M.D., P.A. is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:**

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for services rendered and in order to support the business activities of the practice, including, but not limited to, use by administrative personnel reviewing the quality of the care you receive, employee review activities, training of medical students, licensing and contacting or arranging for other business activities.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

#### **Appointment Reminders:**

We may contact you to provide appointment reminders.

#### **Treatment Information:**

We may use health information about you to provide you with medical treatment and services. We may disclose health information and demographic information about you to doctors, nurses, technicians, medical students, interns or other personnel who are involved in taking care of you during your visit with us.

#### **Payment:**

We may use and disclose health information about you so the treatment and services you receive at Kenneth H. Farrell M.D., P.A. may be billed to and payment collected from you, an insurance company, or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

#### **Family and Friends:**

We may disclose your health information to individuals, such as family members and friends, who are involved in your care, or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; (c) we can infer from the circumstances that you would not object to such disclosures. For example, if family members are in the exam room with you, we will assume that you agree to our disclosure of your information in their presence.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present to our office with an emergency medical condition, we may share information with the family member or friend that comes with you to our office. We also may share your health information with a family member or friend who calls us to request a prescription refill on your behalf.

#### **Health Related Products or Services:**

We may notify you of health related products, treatment alternatives, or other services that may be of interest to you.

#### **Business Associations:**

We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

#### **Research:**

We may use or disclose your medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research or the research is on only decedent's information.

### **OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION**

The following disclosures of your health information are permitted by law without any oral or written permission from you.

#### **Disclosure to Department of Health and Human Services:**

We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

#### **Disaster Relief:**

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

**Health Oversight Activities:**

We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and / or intervention. We may also disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

**Abuse or Neglect:**

We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

**Legal Proceedings:**

We may disclose your medical information in the course of certain judicial or administrative proceedings.

**Law Enforcement:**

We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

**Coroners, Medical Examiners and Funeral Directors:**

We may disclose your medical information to a coroner, medical examiner or a funeral director.

**Organ Donation:**

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

**Public Safety:**

We may use or disclose you medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

**Worker's Compensation:**

We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

**AUTHORIZATIONS:**

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

Kenneth H. Farrell, M.D., P.A.  
6405 N. Federal Highway, Suite # 104  
Fort Lauderdale, FL 33308  
Telephone: 954-938-1890 Fax: 954-938-1899

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting disclosure of your medical information made by Kenneth H. Farrell M.D., P.A. during the last six years( or following April 14, 2003, except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types.
- You may request a paper copy of this Notice of Privacy Practices for Protected Health Information.

**EXERCISING YOUR RIGHTS (COMPLAINTS):**

If you believe your privacy has been violated by us, you may file a complaint directly with us. You may do this by contacting the privacy officer via postal mail at:

Kenneth H. Farrell M.D., P.A.  
Attention: Privacy Officer  
6405 N. Federal Highway, Suite # 104  
Fort Lauderdale, FL 33308  
Telephone: 954-938-1890 Fax: 954-938-1899

You also have the right to file a complaint with the United States Department of Health and Human Services if you believe that we have violated your privacy rights. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201  
Toll Free: 1-877-696-6775

If you choose to file a complaint, you will not be retaliated against in any way.

**REVISIONS OF NOTICE OF PRIVACY PRACTICES.**

We reserve the right to change the terms of this Notice, making any revisions applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at Kenneth H. Farrell M.D., P.A. and will make paper copies of the revised Notice of Privacy Practices available upon request.