

NOTICE OF PRIVACY PRACTICES



NEWSTART
WELLNESS AND WEIGHT LOSS
CENTER

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OCOOE, FL 34761

3302 GREENWALD WAY N
KISSIMMEE, FL 34741

6200 METROWEST BLVD, STE 106
ORLANDO, FL 32835

407.802.3533

1503 BUENOS AIRES BLVD, BLDG 123
THE VILLAGES, FL 32159

352.561.2820

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.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. We are also required by law to provide you with this Notice of Privacy Practices (NPP) that explains our legal duties with regard to your medical information and how we may use and disclose your protected health information (PHI) for treatment, payment, and health care operations, as well as other purposes that are permitted or required by law. We reserve the right to make changes to the terms of the NPP in the future. If we make changes to the NPP, we will post the new NPP in our reception area and have copies available upon request. You have certain rights regarding the privacy of your PHI which will be described in this notice.

Ways in Which We May Use and Disclose Your Protected Health Information

The following paragraphs describe different ways that we use and disclose your PHI. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information fall within one of these categories.

Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time, disclose your health information to another physician who we have requested to be involved in your care. *For example* – we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

Payment. We will use and disclose your PHI to obtain payment for the health care services we provide you. *For example* – we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Health Care Operations. We will use and disclose your PHI to support the business activities of our practice. *For example* – we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.

Other Ways We May Use and Disclose Your Protected Health Information

Appointment Reminders. We will use and disclose your PHI to contact you as a reminder about scheduled appointments or treatment.

Treatment Alternatives. We will use and disclose your PHI to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

Others Involved in Your Care. We will use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care. We may also use or disclose PHI about you to a disaster relief organization (i.e. Red Cross) if we need to notify someone about your location or condition.

Required by Law. We will use and disclose your PHI when required to do so by federal, state, or local law.

National Priority Uses and Disclosures. When permitted by law, we may use or disclose PHI about you without your permission for various activities that are recognized as “national priorities.” When permitted to do so by law we will disclose your PHI as below:

- **Threat to health or safety:** if we believe it is necessary to prevent or lessen a serious threat.
- **Public health activities:** for investigating diseases, reporting abuse, communicable diseases, etc.
- **Abuse, neglect or domestic violence:** if we reasonable believe you may be a victim.
- **Health oversight activities:** agency responsible for overseeing the healthcare system or certain government programs.
- **Court proceedings:** if a judge would order us to do so.
- **Law enforcement:** for specific law enforcement purposes such as in order to help find or identify a missing person.
- **Coroners and others:** to assist with organ, eye and tissue transplants.
- **Workers' compensation:** in order to comply with workers' compensation laws.
- **Research organizations:** if the organization has satisfied certain conditions about protecting your PHI.
- **Certain government functions:** includes military and veterans' activities, national security and intelligence activities, and in some circumstances to a correctional institution.

Authorizations. Other than the uses and disclosures described above, we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

Right to a Copy of This Notice. You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

Right of Access to Inspect and Copy. You have the right to inspect and copy the protected health information that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party.

If you wish to inspect or receive a copy of your medical information, you must provide us a request in writing. You may mail in your request, or bring it to our office. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you, you have the right to have our decision reviewed by another person.

Right to Have Medical Information Amended. You have the right to request that we amend your medical information we maintain in certain groups of records if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer, stating exactly what information is to be amended and your reasoning that supports your request.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

Right to Request Restrictions on Uses and Disclosures. You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment

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and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information to a health plan or other party, when that information relates solely to a healthcare item or service for which you have paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

Right to an Accounting of Disclosures We Have Made. You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or fill out an **Accounting Request Form**. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

Right to Request an Alternative Method of Contact. You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

Right to Notification if a Breach of Your Medical Information Occurs. You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address: Privacy Officer, c/o New Start Wellness & Weight Loss Center, 10000 W. Colonial Drive, Suite 495, Ocoee, FL 34761.

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRComplaint@hhs.gov

This notice is effective September 18, 2014