



## **NOTICE OF CENTER PRIVACY PRACTICES (MEDICAL)**

**This notice describes how medical or personal information about you given to this center may be disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.**

This center is a medical care provider that does not engage in any transactions covered under the federal Health Insurance Portability and Accountability Act (HIPAA). This center abides by all applicable medical privacy and licensing laws of the state of Florida. The privacy practices described in this notice are voluntarily undertaken and ARE NOT INTENDED TO CREATE ANY CONTRACTUAL OR LEGAL RIGHTS ON BEHALF OF CLIENTS. We reserve the right to modify our privacy practices and this notice at any time. The most recent copy of this Notice is available upon request or may be downloaded from our website: <https://choicesclinics.org>

### **1. Safeguarding Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered “Protected Health Information” (PHI). We will extend certain protections to your PHI and to any other personally identifying information which you provide to us, including your SSN, date of birth, home address, telephone number, relationship with this organization, presenting concerns, or services received. This Notice explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we will only use or disclose the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

### **2. How We May Use and Disclose Your Protected Health Information**

We use and disclose PHI for a variety of reasons. We may use and/or disclose your PHI internally for purposes of managing your case. For uses beyond that, we will ordinarily obtain your written authorization. The following offers more description and some examples of the potential uses and disclosures of your PHI:

- **Uses and Disclosures Relating to Health Care and Operations.** We restrict access to your PHI to health care personnel who are involved in providing you with care, to other personnel who are involved in providing care and services to you, and to external vendors or subcontractors who perform services ancillary to your care. We maintain physical, electronic, and procedural safeguards restrict access to your PHI. Also, we may use and/or disclose your PHI as may be reasonably necessary in the course of operating this health care facility, including to assess quality and improve services. We may also send or communicate appointment reminders, treatment options, or test results through service providers, subject to our normal confidentiality policies and any special instructions that you have given.
- **Uses and Disclosures for Which Special Authorization Will Be Sought.** For uses beyond operational purposes, we will ordinarily seek to obtain your authorization before disclosing your PHI. However, disclosure of your PHI may be made without your consent or authorization when required by law, when necessary to avert a threat of harm to you or a third person, or when other circumstances may require or reasonably warrant such disclosure.

### **3. How You May Have Access to Your Protected Health Information.**

The following is a description of the steps you may take to access or to otherwise control disposition of your



PHI:

- **To request restrictions on uses/disclosures:** You may ask that we limit how we use or disclose your PHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. *Choices and its personnel hold a religious and/or moral objection to abortion. Therefore, in accordance with our constitutionally protected Right of Conscience, we do not send PHI directly to abortion providers, even upon request.*
- **To choose how we contact you:** You may ask that we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonably easy for us to do so.
- **To inspect and copy your PHI:** You will be permitted to inspect your PHI and/or obtain a copy upon written request. We will respond to your request within [21] days. A reasonable fee for copies in excess of 10 pages may be charged.
- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reasons for the denial. If we approve the request for amendment, we will change the PHI and so inform you.
- **To find out what disclosures have been made:** You may request for us to provide you with a list of all **disclosures** of your PHI which we have made (except for such disclosures as have been made in connection with services you have received, your treatment, or our health care operations, or as specifically required by law). We will respond to your request within [21] days of receiving it.
- **To receive this notice:** You may receive a paper or electronic copy of this notice upon request.

**4. If your PHI security is compromised**

If PHI is acquired, used or disclosed in a manner that is not permitted under this notice or that compromises the security or privacy of that PHI, (referred to as a “breach”), we will provide appropriate notice of such breach without unreasonable delay and in no case later than [45] days after the discovery of the compromise. We may delegate this responsibility to a subcontractor. However, you will be responsible to take any additional steps you deem necessary to protect your identity and security.

**5. Contacting the Privacy Information Officer**

To request any information or submit any request regarding your PHI described in #3 above, or to express concerns about our privacy practices if you believe your privacy has been compromised, please contact: Vanessa Cassiba: 813-982-4200 ext. 2001

**6. Acknowledgement:** I have received and reviewed a copy of this Notice

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Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_