

NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

INTRODUCTION

At SW FLORIDA OBGYN, LLC (SWFOBGYN, LLC) we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practice describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD

Each time you visit SWFOBGYN, LLC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party can verify that services billed were actually provided
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of SWFOBGYN, LLC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy practices upon request
- Inspect and copy your health record as provided for in 45CFR 164.524
- Amend your health record as provided for in 45CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction of certain uses and disclosures of your information as provided by 45CFR 164.522
- Revoke your authorization to use or disclose health information from a certain date forward (not retroactively)

OUR RESPONSIBILITIES

SWFOBGYN, LLC is required to:

- Maintain the privacy of your health information
- Provide you with a copy of this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revisions and have an updated brochure available at our office upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received proper written revocation of the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our Privacy Officer, Angela Fisher, at 239-275-4300.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Office or with the OCR. The address for OCR is:

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

Web address www.hhs.gov/ocr/

DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

TREATMENT

We will use your information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your file and used to determine the course of treatment that will work best for you. SWFOBGYN, LLC will document in your health record their expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, SWFOBGYN, LLC will know how you are responding to treatment. Upon your authorization to do so, we will also provide copies of various reports or tests to another physician to assist him or her in treating you if you are discharged from this practice.

PAYMENT

We will use your information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies.

REGULAR HEALTH OPERATIONS

We will use your information for regular health operations. For example, members of our medical staff or the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide. Other administrative departments may use your health information when they have an operational function and need the information in order to complete their job duties.

BUSINESS ASSOCIATES

There are some services provided in our organization through contacts with business associates. Examples include transcription and copying services, diagnostic testing facilities and outpatient/inpatient facilities. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information.

COMMUNICATIONS WITH FAMILY

We may use or disclose information to notify or assist notifying a family member, personal representative, or another person responsible for your care, your location and general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment.

RESEARCH

We may disclose information to researchers when their research has been approved by an institutional review board that has established protocols to ensure privacy of your health information.

FUNERAL DIRECTORS

We may disclose health information to funeral directors, consistent with applicable law, in order for them to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking and transplantation of organs or tissues.

MARKETING

We may contact you to provide appointment reminders, either by telephone, via message on your telephone answering machine, cell phone or e-mail, or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

FOOD AND DRUG ADMINISTRATION

We may disclose health information to the FDA relative to adverse events with respect to supplements, products or product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

WORKERS COMPENSATION

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs as established by law.

PUBLIC HEALTH

As required by law, we may disclose your health information to public health or legal authorities charged with the prevention or control of disease, injury or disability.

LAW ENFORCEMENT

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate oversight agency, public health authority or attorney, provided that workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.