

Notice of Privacy practices for Steven A. Crews D.O., PA

This notice describes how medical information about you may be used, disclosed and how you can get access to this information. Please review it carefully. The mission of this practice is to provide for the healthcare needs of our patient. This practice provides medical care and partners with hospitals, health centers and other health organizations. In addition it works with your insurance company, pharmacy and other support organizations in providing your healthcare needs. In order to provide you the care you need we collect, use and disclose personal health (PHI) information to those partners. This information is private and confidential. There are policies and procedures in place to protect information against unlawful use and disclosure. This notice also provides you with other important information, including who to contact with questions about this notice and our privacy practices.

I. What is this notice?

This notice describes information we collect, how we use that information, when and to whom we may disclose it.

II. What is "personal health information"?

Personal health information or PHI (also called protected health information) is current, past or future information created or received by this office through its healthcare providers, health plans and contractors. It relates to the physical or mental condition of the patient, a plan member, the provision of health care to that person, or payment for the provision of health care to that person. The term PHI does not generally include publicly available, or information available or reported in a summarized or grouped manner.

III. What types of personal information does this practice collect?

We collect PHI through interactions with us, other physicians, healthcare providers and ancillary services. It can be obtained through applications, interviews, surveys and other forms. PHI may be obtained in writing, in person, by telephone and electronically. The information we collect varies depending on who collects it, but generally includes information about your relationship and transactions with our affiliates, our agents and us.

- Dr. Crews and office personnel and staff (includes students). If you receive healthcare services of the patient we may collect or create information such as your name, address, telephone number, social security number, date of birth, medical history, diagnosis, treatment, provider identification and treatment information, financial responsibility and payment information, and family and emergency contact information. In addition, information regarding your wishes and desires in regards to advanced directives and healthcare surrogate designation.
- Other facilities such as hospital, other providers and ancillary service to include x-ray laboratory and other healthcare organizations. Information is the same as noted above.

IV. How does this practice protect personal health information internally?

Access to PHI is restricted to only those employees who needed to provide services, products, or benefits to our patients. We maintain physical, technical and procedural safeguards to protect PHI against unauthorized use and disclosure. We have a privacy officer that is responsible for developing, educating our personnel about and overseeing the implementation and enforcement of policies and procedures designed to safeguard PHI against inappropriate use and disclosure consistent with applicable laws.

V. What personal health information does this practice and other healthcare providers, employers and health care plans use disclose to third parties, and for what purposes?

When necessary for patient's care or treatment, or for other related activities, we use PHI internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, psychologist, pharmacists, hospital, and other caregivers such as home health care agencies, durable medical equipment providers), insurers, third-party administrators, plan sponsors and other payers (employers, health care provider organizations and others who may be responsible for paying for or administering your health benefits), vendors, consultants, governmental authorities; and their respective agents. They are required by law to keep PHI confidential. Some examples of what we do with the information we collect and the reasons it might be disclosed to third parties are described below.

Treatment, payment and healthcare operations.

We may use or disclose PHI with or without your consent to provide healthcare services or administer your health plan benefits. Example of these uses and disclosure is include:

Treatment. This practice uses and disclose PHI without specific consent to provide, coordinate, and manage healthcare and related services. These activities include coordination or management of health care by our staff with other doctors, hospital(s) ancillary offices and third parties.

Payment. Our office uses PHI to obtain and provide reimbursement for the provision of healthcare to patients and health plan members. Examples of these payment activities include: billing, claims, management and collection activities. As well as related data processing; making eligibility, coverage, medical necessity, and related determination and coordinating benefits. Information may also be released and utilization review activities, and disclosures to consumer and governmental reporting agencies. We may use or disclose PHI in connection with payment activities with or without your consent.

Healthcare operations. This practice may released PHI in connection with standard business operations, including quality assessment and improvement activities. Examples of these activities include outcome evaluation and development of clinical guidelines, operation of preventive health, early detection and disease management programs, case management and care coordination,, contacting of healthcare providers and patients with information about treatment alternatives, and related functions; medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and business management and general administrative activities, including data information system management.

Other activities permitted or required by law .

We may use or disclose PHI for other important activities permitted or report by law, with or without your authorization. These include:

Appointment reminders and treatment alternatives. We may contact you to provide appointment reminders are information about treatment alternatives are other health-related benefits are services that may be of interest.

Public Health and Safety We may use or disclose PHI as necessary to prevent or reduce a serious and imminent threat to the health or safety of a person or the public, to people who may be able to reduce the threat, including the threatened person or law enforcement officials; or for other public health activities to include public-health authorities (such as the Florida Department of Health, Agency for Healthcare Administration or the US Department of Health and Human Services) engaged in preventing or controlling disease, injury, or disability. For example, Florida healthcare providers are required to report information about patients with certain conditions, such as HIV and cancer, to central registries; they are also required to report information about immunizations administered

to their patients. We also may disclose PHI to manufacturers of drugs, biologicals, devices, and other products regulated by the federal Food and Drug Administration (Med watch) when information is related to their quality, safety, or effectiveness. PHI may also be disclosed to certain people exposed communicable diseases and to employers in connection with occupational health and safety or worker's compensation matters

Required by Law. We may use or disclose PHI to the extent such use or disclosures required by law and it complies with and is limited to the requirements of that law. For example, if you are treated for gunshot or knife wound or similar trauma, we may be required to report that information to the police. If we suspect a person is a victim of abuse, neglect, or domestic violence, we may be required to file a report to the CFS or other local or state agency and possibly to the police as well. We also use disclose PHI for certain law enforcement purposes and the response to official subpoenas, court orders, discovery request and other legal processes. In addition, we use disclose PHI in connection with healthcare oversight activities (e.g., government audits of our compliance with certain laws and regulations; oversight of government-funded health benefits programs, etc.)

Other Government Functions. We may use or disclose PHI in connection with military veterans activities, national security and intelligence activities, protective services for the President the United States and other dignitaries, and certain correctional facility activities.

Family and Friends. Under certain circumstances, we may disclose PHI family members, other relatives, or close personal friends or others that you identify to the extent it is directly relevant to their involvement with your care or payment related your care; or to notify them at your location, general condition, or death.

After Death. We may disclose PHI to coroners and medical examiners to identify person who has died, determine cause of death, perform other functions authorized by law; and (before or after death) to funeral homes is necessary to carry out their duties. In addition, PHI of a person has died may be used or disclose in connection with research does not involve any live subjects.

Our use and disclosure PHI must comply not only with federal privacy regulations but also without applicable Florida law. Florida law provides different and sometimes more stringent protections of PHI the federal regulations. Examples of the protections include: (i) special protections for sensitive information, such as information about HIV/AIDS, treatment for psychiatric conditions or substance abuse problems, and certain genetic information; (ii) a bar against re-disclosure of PHI collected by third-party administered health plans for certain purposes ; and (iii) problem of problem and a prohibition against making changes to medical records that would conceal or alter prior entries (even if inaccurate).

VI. Why is it important that personal health information be used and disclose to those described above?

The activities described above are necessary to effectively operate our office and to provide care to our patients. Your medical information may be use assist in your care. For example, many health plans feature cancer screening the reminder programs that promote early detection of breast, cervical and colorectal cancer when these illnesses are most treatable. Disease management programs help patients work with this office to effectively manage chronic conditions like asthma, diabetes, and heart disease to improve quality of life and avoid preventable emergencies and hospitalizations. Initiatives to reduce medical errors help us to avoid potential safety hazards, but dangerous drug interactions. Quality assessment programs help us review and improve the service we provide. Therefore, to the extent permitted or required by law, we use and disclose PHI as provided in Section V regardless of individual preferences.

We recognize that many patients and health plan members do not want to receive unsolicited marketing materials unrelated to their health care or health benefits. We do not provide information for marketing services to others.

VII. What does a person need to do to request other disclosures of personal health information?

Many patients and health plan members ask us to disclose personal health information in ways not described above. For example, an elderly person may want us to make their records available to a neighbor who is helping her resolve the question about her care or payment for that care. Contact information to authorize us to disclose that personal health information to a person or organization or for reasons other than those described in Section V above is attached.

If you fill out a form and later change your mind about the special authorization, you may send a letter to us at the address listed on the form to let us know that you would like us to revoke the special authorization. In any communication with us, please provide your name, address, patient or member identification number or Social Security number, and telephone number or to reach in case we need to contact you about your request.

VIII. What other rights does a person have with respect to personal health information to help him that personal exercise those rights?

- You're the right to ask us in writing to restrict use or disclosure of your PHI related to your treatment, related to your payment or related to routine health care facility operations. In addition you may request to PHI disclosure restrictions to family members, other relatives or close family involved in your care. We are not required to agree to such a restriction, but if we do agree, will honor our agreement except in case of emergency. Any restrictions we agree to is not effective to prevent use this or disclosures of PHI (I) required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy regulations adopted under the health insurance portability and accountability act of 1996; (ii) for health facility directories e.g., a roster of patients staying at hospital); or (iii) for certain activities permitted or required by law (see section five above).
- You may request, in writing, to receive confidential communications continue PHI from us in ways for locations that are out their usual process. Our office will make every effort to accommodate reasonable request. However, we may require that you demonstrate danger to yourself if we do not comply with the request. For example, this will protect patients who are victims of domestic violence which to have health information sent to an address other than his or her own. If you're requesting in writing, to receive confidential communications at a different address than your address of record and you must make clear that you may be in personal danger if that request is not honored.
- You have a right to review and obtain a copy of existing PHI contained in medical and billing records about you maintained by this office. This includes payment, claims adjudication and records used by our office or health plan to make decisions about you. You must make your request in writing and this right is limited to existing records are maintained, collected, used or disseminated by this office. It does not apply to psychotherapy notes we maintained; information to compile in reasonable anticipation of, or for use in, civil, criminal or administrative actions or proceedings; or to certain clinical laboratory information. We may charge a fee for any copies you request as authorized by state statutes.
- You have a right to request that we amend the record described above for as long as we maintained them. You must make the request in writing and give us a reason for the amendment. We may deny this request if: (I) we determined that we did not create the record; or (ii) if we believe that the existing records are accurate and complete. Note that

it may take several forms, for example we may have an explanatory statement to a record rather than changing.

IX. What does this practice plan do with your personal information about patients are transferred care or deceased?

This practice is not destroy PHI when individuals terminate their relationship with us unless the time for required for record retention has expired. The Information is necessary and used for many purposes described in Section V, even after person stops receiving treatment in this office.

However, the policies and procedures that protect all PHI against inappropriate use and disclosure apply regardless of the status of an individual whose information is maintained.

X. How is this notice distributed and updated?

This practice posts this notice in the waiting room. Copies of this policy are also contained within the procedure manuals that are in each examination/treatment or laboratory areas. We distribute this notice about request

- to patients of office no later than the date of the first service delivery; or, in the event of an emergency, as soon as reasonably practicable after the emergency us over.

We reserve the right to change the terms of this notice. Any changes will be effective for all personal health information that we maintained.

XI. What more do I need to know about my privacy rights?

This practice is required by law to maintain the privacy of personal health information and provide individuals with notice a legal duties and privacy practices with respect to that information. We required to abide by the terms of the notice currently in effect.

XII. What should I do if I want a paper copy of this notice, if I have a question about it, or if I think my privacy rights have been violated?

If you would like a paper copy of this notice, have questions about it, or believe it's terms or any of this office privacy or confidentiality policy has been violated with respect to information about you, please let us know immediately by contacting privacy information officer at the address below. Please include your name address and telephone number where we may contact you, and a brief description of your concerns. If you prefer, you may lodge an anonymous complaint. You also may contact the Secretary of the Department of Health and Human Services and:

The US Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC space-based 20201
(202) 619-0257
Toll-free: 1-877-696-6775

Please provide as much information as possible so that complaint can be properly investigated. This practice will not retaliate against a person files a comply with us over the Secretary Department of Health and Human Services.
The privacy officer:

Rita E. Crews, MHSA, PA
Practice Administrator
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Leesburg, FL 34788
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