

## HIPAA NOTICE OF PRIVACY PRACTICES

James K Shea MD INC

PO Box 547729  
Orlando, FL 32854

This notice describes how PROTECTED HEALTH INFORMATION (referred to as medical information" in this form) about you may be disclosed and how you can get access to this information. Please review it carefully.

This notice goes into effect on April 14, 2003 and remains in effect until we replace it.

### 1. OUR PLEDGE REGARDING MEDICAL INFORMATION:

The privacy of your medical information is important to us. We understand that medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our practice. We need the record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use of disclosure of medical information.

### 2. OUR LEGAL DUTY:

#### **Law requires us to:**

- a. Keep your medical information private.
- b. Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.
- c. Follow the terms of the notice that is now in effect.

#### **We have the right to:**

- a. Change the privacy practices and the terms of this notice at any time, provided that law permits the changes.
- b. Make changes in our policy practices and the new terms of our notice effective for medical information that we keep, including information previously created or received before the changes.

### 3. USES AND DISCLOSURE OF YOUR MEDICAL INFORMATION:

The following section describes different ways that we use and disclose medical information. Not every use of disclosure will be listed. However, we have listed all the ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide, may be revoked, at any time by writing to us. **NO MOBILE or MESSAGING CONSENT INFORMATION WILL BE SHARED WITH THIRD PARTIES/AFFILIATES FOR MARKETING OR PROMOTIONAL PURPOSES.**

#### **For Treatment:**

The HIPAA regulations permit nearly unlimited sharing information among providers who are involved in a patient's treatment. Uses and disclosures of information commonly included:

- a. Collection of information from the patient by a physician or other medical practitioner, performing diagnostic test and reviewing results.
- b. Consulting with other providers on diagnosis or treatment.
- c. Referring a patient to another provider.
- d. Transmitting information to another provider, such as phoning prescriptions into a pharmacy or placing an order for an ice machine, brace or other durable medical equipment.

#### **For Payment:**

We are permitted to disclose to the patient's health plan any information needed to process a claim. For example; to determine whether a patient is eligible for coverage under a health plan, to determine whether tests or services are covered under a health plan, to submit a claim or inquire about the status of a claim, to process payment or claims remittances, to process credit card transactions.

#### **FOR HEALTH CARE OPERATION:**

Staff may use and disclose only the "minimum necessary" information for the task at hand. This includes: maintenance of medical records, maintenance of accounting records, quality assurance activities, staff performance evaluations, conducting financial and management audits, investigating complaints, supporting legal activities, resolving grievances and general business management.

#### **LAW ENFORCEMENT:**

Your health information may be disclosed to law Enforcement agencies to facilitate investigations, inspections or mandated reporting. Your health information may be disclosed to public health agencies required by law.

Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.

### 4. INDIVIDUAL RIGHTS:

You have the right to request restorations on the use and disclosure of your protected health information, the right to receive confidential communications regarding your treatment and condition, the right to inspect and copy your health information, the right to amend or submit corrections to your health information, the right to receive a printed copy of this notice.

As permitted by federal regulation, we require that requests to copy protected information be submitted in writing. If you would like to submit a comment about our privacy practices you may do so by sending a letter outlining your concerns. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing that cause of your concern to:

Danielle Shea  
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