

SAINT THOMAS CLINIC, PLLC

Hany Abskhroun, M.D
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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (HIPAA)

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION”. PLEASE REVIEW IT CAREFULLY!

WE SAFEGUARD INFORMATION ABOUT YOUR HEALTH AND PERSON:

We collect information from you and store it in a medical record as well as on a computer. Charts are stored in a secure area and available only to designated staff and only for designated reasons. Housekeeping, maintenance, and other non-office personnel have no access to the chart area. Service technicians may have access to the computer, but only for the service of computer operations.

TYPICAL USES AND DISCLOSURES OF MEDICAL INFORMATION

We collect medical information for you. Within our office, we restrict the disclosure of this information to doctors, nurses, technicians and insurance and billing personnel. We may use your medical information for treatment and care, payment to insurers and for healthcare operations. Outside our office, we restrict the disclosure to those people, entities and agencies for which you authorize disclosure such as other healthcare providers (doctors, nurses, and extended care facilities), insurance companies, billing agencies, hospitals and surgery sites, or those agencies and entities for whom legal and administrative requirements demand disclosure such as:

- When required by law
- Public Health activities (death, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, disease/injury/disability control/prevention)
- Health Oversight activities (audits, investigations, inspections)
- Judicial and administrative proceedings (court order)
- Appropriate law enforcement requests (to identify or locate a suspect, fugitive, material witness, or missing person)
- Deceased person information to coroners, medical examiners, funeral directors.
- Organ and tissue donation
- Research, provided authorization is IRB-approved or privacy board-approved
- Emergencies or to avert serious threat to health or safety.
- Specialized government functions (military, inmates)
- Worker’s compensation
- Disaster Relief.

We will not use or disclose your medical information for any purpose not listed without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

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PATIENT PRIVACY RIGHTS:

You have the right to:

- Inspect and copy medical information from your chart. You may submit a written request to our office and pay the copy fee and receive a copy of your record. We must respond within 30 days if the record is readily available and within 60 days if it is not readily available. You may also get an electronic copy if we have one available.
- Amend medical information in your chart. You may identify inaccurate or incomplete information in your chart. You can do this with a written request to amend your chart directed to our office. We must respond in 60 days.
- Receive an accounting of any disclosures made from your record over the last six years, starting April 14, 2003. You can get this with a written request directed to our office. You must respond within 60 days.
- Request restrictions as to the amount of medical information we disclose. This is limited as noted above, and your request may not supersede the typical disclosures noted above. You may or restrict the consent.
- Restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for the healthcare item or service.
- Request confidential communications. All communications in our office are confidential. You may specifically-request that all communications be confidential with a written request directly to our office.
- Not have your protected health information sold for marketing purposes.
- Opt out of receiving fund raising communications.
- Be notified following a breach of your unsecured protected health information.
- Receive a copy of this notice by printing it or with a written request directly to this office, and a copy of this notice will be given with all new patient packets.

We may contact you for appointment reminders, and we may provide you with information about health-related or product benefits and services.

Each patient is given a copy of the Privacy Notice and an opportunity to review and understand it.

Our Responsibility under HIPAA:

We are required by Law to maintain the privacy of your personal health information, and to provide you notice of our legal duties and privacy practices and adhere to this notice.

We reserve the right to make changes to this notice. We will post a notice that the notice has been changed and the effective date of change, copies will be made available.

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You can submit a complaint about our privacy policy or its execution either verbally or in writing to our Privacy Officer at the office.

If you get no resolution to your complaint, you can send a written statement to this office or the Secretary of Health and Human Services.

Effective Date of Notice: July 2011

Amended Dates: January 2013