

## Summary of Notice of Privacy Practices

This practice is required by law to maintain the privacy of protected health information, to provide individuals with a notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the information practices that are described in this Notice of Privacy Practices. This Notice will be provided to our patients no later than the date of the first service delivery, including service delivered electronically. We will post this Notice in a clear and prominent location where it will be accessible for you to read.

We at **Miami Gastroenterology Consultants, P.A.** strive to improve the health of our patients continuously and the personal service we render to both them and the medical community through teamwork and compassionate care. This notice describes how information about you may be used and disclosed and how you can get access to this information review it carefully.

### Your Health Information Rights

Although your health record is the physical property of the healthcare provider or facility that compiled it, the information belongs to you. You have the rights to:

Request a restriction of certain uses and disclosures of your health information as provided by 45 CFR 164.522;

Request and keep a copy of the notice of privacy practices and inspect and obtain a copy of your health record as provided for in 45 CFR 164.524;  
Amend your health record as provided in 45 CFR 164.528;

Obtain an accounting of disclosures of your health information as provided as provided in 45 CFR 164.528;

Request communications of your health information except to the extent that action has already been taken.

### **Miami Gastroenterology Consultants, P.A.**

#### **Pledge to You. Law to requires this organization:**

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.

5. Accommodate reasonable requests you may have to communicate health information. by alternative means or alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

**For more information or to report a problem**

If you have questions, complaints or would like further information, you may contact our Practice Manager, Rosita Eckardt at 8525 SW 92 Street Suite C-10, Miami, Florida 33156. Phone (305) 274-7800.

All complaints must be in writing. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

About You.

1. We will use your health information for treatment purposes.
2. We will use your health information for payment purposes.
3. We will use your health information for regular health operations.
4. We will use your health information to make appointment reminders.
5. We will use your health information to recommend treatment alternatives.
6. We may use your health information with Business Associates under certain circumstances.
7. We will use your health information to make necessary notifications.
8. We may use your health information in communications with family or individuals involved in you care or payment for your care.
9. We may use your health information in working with coroners, medical examiner, and funeral directors under certain circumstances.
10. We may use your health information with organ procurement organizations under certain circumstances.
11. We may use your health information in marketing functions under certain circumstances. We may use your health information with the Food and Drug Administration (FDA) under certain circumstances.
12. We may use your health information in working with workers compensation agencies under certain circumstances.
13. We may use your health information in working with public health agencies under certain circumstances.
14. We may use your health information in working with military and veterans agencies under certain circumstances.
15. We may use your health information in connection with lawsuits and disputes under certain circumstances.
16. We may use your health information in relation to certain national security & intelligence activities under certain circumstances.
17. We may use your health information in relation to protective services for the President and others under certain circumstances.

You have the following rights regarding health information we maintain about you:

- Right to inspect and copy
- Right to amend
- Right to accounting of disclosures
- Right to request restrictions
- Right to request confidential communication
- Right to a paper copy of this notice

### **Changes to this Notice**

We reserve the right to change this notice at any time, we reserve the right to make the revised or changed notice effective for the health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the waiting room of the practice. The notice will contain on the first page, in the top right-hand corner, the Effective Date. In addition, each time you register at or are admitted to this Practice for treatment or health care services, we will make available to you a copy of the current notice in effect. We will post all new notices in the waiting room of the Practice. You can request a copy of our notice at any time.

Should we revise this notice because of a material change to the uses or disclosures of protected health information, to individual's rights, to our legal duties, or to other privacy practices stated in the notice, we will promptly revise and make available the new notice. Except when required notice may be implemented prior to the Effective Date of the notice in which such material change is reflected. Pursuant to the HIPPA privacy regulations, we will document compliance with the notice requirements by retaining copies of all notices issued.

### **Other uses of health information**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.