



## **HAPB'S HIPAA NOTICE OF PRIVACY PRACTICES**

### **PRIVACY STATEMENT**

At Healthcare Associates of Palm Beach, we are committed to protecting your privacy, and developing technology that gives you the most powerful and safe online experience. We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to your protected health information (PHI). This Statement of Privacy describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. This Statement also applies to our Practice's Web site and governs data collection and usage. By using this website, you consent to the data practices in this statement.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

This Notice of Privacy Practices describes how our office may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Your protected health information may be used and disclosed by your physician, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.



## **COLLECTION OF YOUR PERSONAL INFORMATION**

This Practice collects personally identifiable information, such as your e-mail address, name, home or work address or telephone number. This Practice also collects anonymous demographic information, which is not unique to you, such as your ZIP code, age, gender, preferences, interests and favorites.

There is also information about your computer hardware and software that is automatically collected by this website. This information can include: your IP address, browser type, domain names, access times and referring Web site addresses. This information is used for the operation of the service, to maintain quality of the service, and to provide general statistics regarding use of this Web site.

Please keep in mind that if you directly disclose personally identifiable information or personally sensitive data through public message boards, this information may be collected and used by others.

This Practice encourages you to review the privacy statements of Web sites you choose to link to from the website so that you can understand how those Web sites collect, use and share your information. This Practice is not responsible for the privacy statements or other content on any other Web sites.

## **USE OF YOUR PERSONAL INFORMATION**

This Practice collects and uses your personal information to operate the Web site and deliver the services you have requested. This Practice also uses your personally identifiable information to inform you of other products or services available from this Practice and its affiliates. This Practice may also contact you via surveys to conduct research about your opinion of current services or of potential new services that may be offered.

This Practice does not sell, rent or lease its customer lists to third parties. This Practice may share data with trusted partners to help us perform statistical analysis, send you email or postal mail, provide customer support, or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services and they are required to maintain the confidentiality of your information.



This Practice does not use or disclose sensitive personal information, such as race, religion, or political affiliations, without your explicit consent. This Practice will disclose your personal information, without notice, only if required to do so by law.

## **USE OF COOKIES**

The Web site uses "cookies" to help this Practice personalize your online experience. A cookie is a text file that is placed on your hard disk by a Web page server. Cookies cannot be used to run programs or deliver viruses to your computer. Cookies are uniquely assigned to you and can only be read by a web server in the domain that issued the cookie to you.

## **SECURITY OF YOUR PERSONAL INFORMATION**

This Practice secures your personal information from unauthorized access, use or disclosure. This Practice secures the personally identifiable information you provide on computer servers in a controlled, secure environment, protected from unauthorized access, use or disclosure. When personal information (such as a credit card number) is transmitted to other Web sites, it is protected by encryption, such as the Secure Socket Layer (SSL) protocol.

## **TREATMENT**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.



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## PAYMENT

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

## HEALTHCARE OPERATIONS

We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your protected health information in the following situations without your authorization. These situations include as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.



## OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information (fees may apply)** - Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

**You have the right to request a restriction of your protected health information** – This means you may ask us not to use or disclose any part of your protected health information and by law we must comply when the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.



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**You have the right to request to receive confidential communications** – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e., electronically.

**You have the right to request an amendment to your protected health information** – If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures** – You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of this request.

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

**You have the right to Choose someone to act for you:** - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

**You have the right to receive an accounting of certain disclosures** – You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law for up to six years prior to the date of the request



You have the right to receive notice of a breach – We will notify you if your unsecured protected health information has been breached.

You have the right to obtain a paper copy of this notice.

## CONTACT INFORMATION

If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer, Jay Corrieri in person or by phone (561) 470-111. Please contact us by phone at 561-877-1800 or by mail at 7730 W. Boynton Beach Blvd., Suite 3, Boynton Beach, FL 33437.