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Ophthalmology

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Notice of Privacy Practices

A federal regulation, known as the "HIPPA Privacy Rule" requires that we provide detailed notice in writing of our privacy practices. We know that this notice is long. The HIPPA Privacy Rule requires us to address many specific things in this notice.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient. This information is called "protected health information: or "PHI". The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included with each category do not list every type of disclosure that may fall within the category.

TREATMENT: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray or other health care services. We may disclose PHI if we need to consult with other health care providers about your treatment. For example, we may send a report to the physician who referred you to our office or a physician we are referring you to.

PAYMENT: We may use and disclose PHI so that we can bill and collect payment for the services and treatment you receive from us. For example, we may disclose PHI to your insurance company for authorization of visits, billing and claims management. We may also disclose limited PHI to consumer reporting agencies relating to collection of payments owed us.

HEALTH CARE OPERATIONS: We may use and disclose PHI in performing business activities which are called health care operations. These activities include, but are not limited to, quality assessment activities, employee review activities, training medical students and conducting or arranging for other business skills, qualifications, and performance of our healthcare personnel. In addition, we may disclose PHI when we call you by name in the waiting room when our physician is ready for you. We may disclose PHI when we contact you to remind you of appointments, and/or inform you of test results, treatments or other related services. We may share your PHI with third party business associates. For example, we may disclose your PHI to a transcription service for reports or letters.

WHENEVER AN ARRANGEMENT BETWEEN OUR OFFICE AND A BUSINESS ASSOCIATE INVOLVES THE USE AND DISCLOSURE OF PHI, WE WILL HAVE A WRITTEN CONTRACT WITH THEM THAT CONTAINS TERMS THAT WILL PROTECT THE PRIVACY OF YOUR PHI.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your consent or prior authorization:

REQUIRED BY LAW: We may use and disclose PHI as required by federal, state or local law. Any disclosure complies with law and is limited to the requirements of the law.

PUBLIC HEALTH: We may disclose PHI to public health authority that is permitted by law to collect and use the information. These disclosures may be made for the purpose of reporting communicable disease, to locate and notify persons of medication recalls and for reporting and controlling workplace injuries or illnesses.

HEALTH OVERSIGHT: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs and other government regulatory programs.

WORKERS' COMPENSTATION: Your PHI may be disclosed by us as authorized to comply with workers compensation laws and other similar legally established programs.

ABUSE OR NEGLECT: We may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI to the proper government agency if we believe that you have been a victim of abuse, neglect or domestic violence. In these cases, the disclosure will be consistent with the requirements of applicable federal and state laws.

FOOD AND DRUG ADMINISTRATION: We may disclose PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects, biological product deviations, or other activities as directed

LEGAL PROCEEDINGS: We may disclose PHI in the course of any judicial or administrative proceedings in response to a court or administrative tribunal (to the extent such disclosure is expressly authorized), and under certain conditions, in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT: We may disclose PHI, as long as applicable legal requirements are met, for law enforcement purposes. These purposes include limited information requests for identification and location purposes, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of the practice, and medical emergencies that occur as a result of a crime.

INMATES: We may use your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose PHI to a funeral director to carry out their duties, and your PHI may be disclosed for cadaveric organ, eye, or tissue donation purposes.

RESEARCH: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

MILITARY ACTIVITY AND NATIONAL SECURITY: When the appropriate conditions apply, we may use or disclose PHI of those who are Armed forces personnel for activities deemed necessary by the proper military command authorities, for the purpose of a determination of your eligibility for benefits or security and intelligence activities.

REQUIRED USES AND DISCLOSURES: Under the law, we must make disclosures to you and, when required, by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Under Federal Law, you have the following rights regarding your PHI:

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PHI: This means you may inspect and obtain a copy of PHI about you that is contained in our records. This includes medical and billing information and other records that your physician and the practice uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of use in a civil, criminal, or administrative action or proceeding in which the PHI is subject by law that prohibits access. Depending on the circumstances you may have a right to have this decision reviewed. Please contact our Privacy contact if you have questions about access to your medical chart.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION ON USE OF YOUR PHI: This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. 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 Privacy Notice. We are not required to agree with your request. If we do agree to your request we are required to comply with our agreement unless the information is needed to provide emergency care. To request restrictions you must make your request in writing to our Privacy Contact. Please include the information that you want restricted, how you want to restrict the information (for example: restricting PHI to a family member or another physician) and to whom you want the restriction to apply.

YOU HAVE THE RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home and not at work. You must make your request in writing to our Privacy contact. You must specify how you would like to be contacted. For example, by regular mail or to a separate PO Box, only at work, etc. We will do our best to accommodate reasonable requests.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PHI: You have the right to request the opportunity to review and/or receive a copy of your PHI. Only in limited circumstances this request may be denied. You must make your request in writing to our privacy contact. If you request a copy, we may charge you a reasonable fee for copying and postage.

YOU HAVE THE RIGHT TO AMEND YOUR PHI: You have the right to request an amendment of your PHI. To make this type of request you must submit your request in writing to our privacy contact along with the reason for the request. In certain cases, we may deny your request to an amendment. If we do deny your request, you have a right to file a statement of disagreement and to receive a copy of our rebuttal.

YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice. The right to receive this information is subject to certain exceptions, restrictions and limitations.

YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE AT ANY TIME.

COMPLAINTS: If you believe your rights have been violated please advise our Privacy Contact at the number and address listed below. You may also file a complaint with the US Department of Health and Human Services.

We are required to abide by the terms of this Privacy Notice. We do reserve the right to change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. If and when this notice is changed we will post a copy of the revised notice in our office. You may request a copy of the notice from our privacy contact.

Our Privacy Contact is:
Richard K. Marschner Jr., M.D.
5889 Whitfield Ave.
Sarasota, FL 34243
941-359-2900

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