

Sarasota Digestive Health Specialists

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HIPAA

PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

Our healthcare facility's mission is to do our best in protecting your privacy rights. It is the federal & state law to also provide the privacy of your health information.

Protected Health Information (PHI) Uses and Disclosures

Treatment Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating, diagnosing and providing treatment. For example results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by a staff member.

Payment Your health information may be used to seek payment from your insurer. Some PHI may be included in computers with a description of your health problem, treatment and services provided.

Healthcare operations Your health information may be used as necessary to support the daily activities and management of Sarasota Digestive Health Specialists. It may be used to support budgeting and financial reporting, resolution of a complaint or in evaluating , educating and promote better quality of care.

Special issues Your relationship with us may require disclosing PHI to remind you of an appointment, tell you about alternative treatments or health benefits, PHI may be disclosed without permission to law enforcement agencies, to comply with government mandating reporting, investigations audit & inspections.

Public health reporting Your health information may be disclosed to public health agencies as required by law. For example to report certain communicable diseases to the state's public health department.

Disclosures that may require your authorization In many cases, we may disclose your PHI, as summarized above, for treatment, payment, healthcare operations, permitted and /or required by law. In other cases written authorization may be required with specific instructions and limits of disclosure may be revoked with a written revocation of the authorization. However; this decision of revocation will not affect or undo any use or disclosure that occurred prior to this decision.

Required or permitted use & disclosure If you do not verbally object, we may share some of your PHI with a family member or friend involved in your care. We may use your PHI in an emergency if you are unable to express yourself. We may disclose your PHI for research if we receive certain assurances which protect your privacy.

Other disclosures of your PHI Court order, adverse drug reactions to FDA, government regulators to determine compliance with rules & regulations, if subpoenaed, in accordance with legal requirements of workers compensation, determining cause of death, health safety issues, institutional review board. where there is minimal risk to the privacy of your PHI.

Your privacy rights You have certain rights under federal privacy standards as follows:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition & treatment
- The right to inspect and copy your protected PHI
- The right to amend or submit corrections to your PHI in writing.
- The right to know who else sees your PHI. Within the past 6 years, but not before April 14, 2003

Complaints If you believe your rights have been violated, you may file a complaint with us or with the U.S. Department of Health & Human Services at 200 Independence Avenue S.W., Washington D.C. 20201 or phone toll free 1-877-696-6775. We will not retaliate or penalize you for filing a complaint with the facility or the Secretary Dept. of HHS.