

Advanced Psychiatry & Addictions Specialists

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Board Certified Psychiatrist

Notice of Privacy Practices

WHO WILL FOLLOW THIS NOTICE: This notice describes information about privacy practices followed by our employees, staff and other office personal.

YOUR HEALTH INFORMATION: This notice applies to the information and records we have about your health, health status and the services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in your care.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering diagnostic testing.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your plan about a treatment you are going to receive to obtain prior approval, or determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you.

Appointment Reminders: We may contact you as a reminder that you have an appointment in our office.

Treatment Alternatives: We may tell you about or recommend possible treatments options or alternatives that may be of interest or benefit to you.

Health-Related Products or Services: We may tell you about health-related products that may be of interest or benefit to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (see office address at the end of this notice) we will make every effort not to use or disclose your information for this purpose.

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You may revoke your Consent at any time by giving us a written notice. Your revocation will be effective when we receive it, but it will not apply to any uses or disclosures which occurred prior to that time. If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or health care services, and we may therefore choose to discontinue providing you with health care treatment or services.

SPECIAL SITUATIONS: We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person.

Required by Law: We will disclose health information about you when required by federal, state or local law.

Research: We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Military, Veterans, National Security and Intelligence: If you were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may release health information about you for public health reasons in order to prevent or control disease, injury or disability; or report birth, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities: We may release health information about you to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement: We may release health information about you for if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners, and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Indefinable: We may release health information about you in a way that does not personally identify you or reveal who you are.

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Family and Friends: We may release health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you the opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is being discussed.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION: We will not disclose your health information for any other purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give 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 information about you for reasons covered in your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission. If we have HIV or substance abuse information about you, we cannot release that information without

a special signed, written authorization (different from the *Authorization and Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse .

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU: You have the following rights regarding health information we maintain about you:

Right to Forward Records: You have the right to request that a copy of your medical records be forwarded to another medical provider. This request must be made in writing and include the name, address, phone and fax number of the medical provider you are requesting us to forward your records to. There is typically a charge for this service.

Right to Amend: If you believe that health information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment you must speak with the practice Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.**
- Is not part of the health information that we keep.**
- You would not be permitted to inspect or copy.**
- Is accurate and complete.**

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Right to an Accounting of Disclosures: You have the right to request "an accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the practice Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates July 1, 2013. Your request should indicate in what form you want the list. We may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use disclose about you for treatment, payment, or health operations. You may also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of it, like a family member or a friend. For example, you could ask that we not use or disclose information about a treatment you had.

We Are Not Required to Agree to Your Request: If we do not agree, we will comply only if the information is needed to provide you emergency medical treatment.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will make all reasonable efforts to accommodate this request. For example, you may not want us to contact you at work.

Right to a Paper Copy of This Notice: You have a right to a paper copy of this notice. You may contact the practice Privacy Officer with this request.

CHANGES TO THIS NOTICE: We reserve the right to change this notice, and to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office. You will not be penalized for filing a complaint.

Thank you for taking the time to read this information. If you have any questions regarding this notice please contact the practice Privacy Officer.

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