

MYLES RUBIN SAMOTIN, M.D., P.A.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact the office manager, who serves as the Privacy Officer for Myles Rubin Samotin, M.D., P.A., (henceforth referred to as "the office") located at 870 111th Avenue N., Suite 4, Naples, Florida, 34108.

The entity above follows the terms of this notice.

PROTECTING YOUR MEDICAL INFORMATION

The office understands that protected health information about you is personal and should be maintained in a private and confidential manner. The office is committed to protecting information related to your medical treatment. This Notice of Privacy Practices applies to all of the records generated by the office related to your treatment, payment for your treatment, and/or health care operations related to your treatment. This Notice of Privacy Practices explains the manner in which the office may use and disclose protected health information about you. It also describes your rights to the protected health information the office keeps about you, and describes certain obligations the office has regarding the use and disclosure of your protected health information.

The office is required by law to:

- Make sure that protected health information that identifies you is kept confidential.
- Provide you with a notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the notice that is currently in effect.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The following categories describe different ways that the office may use and disclose your protected health information for treatment, payment or health care operations.

For Treatment: The office may use health information about you to provide you with health care treatment or services. The office may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. For example: A doctor treating you will obtain information related to your medical condition. This information will be recorded in the medical record and may be disclosed to a specialist who is asked to provide a consultation regarding your treatment.

For Payment: The office may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example: The office may need to obtain a treatment authorization from you health insurer prior to beginning a particular course of treatment.

For Health Care Operations: The office may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example: The office may use your protected health information in our peer review activities. Such activities are confidential and are designed to assist our office in maintaining a high standard of medical care.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

Business Associates: The office uses the services of outside business partners to assist us in operating our medical practice. In some situations it is necessary to disclose your protected health information to these business partners so that they may perform their required obligations. However, in order to maintain the privacy of your protected health information we require our business associates to agree to maintain the confidentiality of any protected health information under their control.

Appointment Reminders: The office may use and disclose health information to contact you as a reminder that you have an appointment. If you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose, please let us know.

Research: The office may use and disclose health information about you for research purposes. Such information will only be disclosed in situation in which the research in question has been approved by an institutional review board and appropriate protocols to ensure the privacy of your protected health information are in place.

As Required By Law: The office will disclose health information about you when required to do so by federal, state, or local law.

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

Military and Veterans: The office may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. The office may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation: The office may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: The office may disclose health information about you for public health activities. Such disclosures will only be made to public health or legal authorities charged with preventing or controlling disease, injury or other similar public health risk(s).

Health Oversight Activities: The office may disclose health information to a health oversight agency for activities authorized by law.

Lawsuits and Disputes: The office may disclose health information about you in response to a court or administrative order. The office may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In all cases the office will abide by State law, unless such law is preempted by Federal law.

Law Enforcement: The office may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the office is unable to obtain the person's agreement;
- About a death the office believes may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors: The office may release the health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The office may also release, as required by State law, health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: The office may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: The office may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, the office may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

INDIVIDUAL RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights protected health information maintained about you by the office:

Right to Inspect or Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include psychotherapy notes.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to the office Privacy Officer. If you request a copy of the information, the office may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

In certain limited circumstances, the office may deny your request to inspect and copy your protected health information. In the event of such denial, you may contact our Privacy Officer who will explain your rights regarding such denial.

Right to Amend: If you feel that health information the office has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the office keeps the information. To request an amendment, your request must be made in writing, submitted to the office Privacy Officer. Such request should provide an explanation for the requested amendment.

The office 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, the office may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by our practice;
- Is not part of the information which you would not be permitted to inspect and copy; or
- Is accurate and complete.

Any amendment the office makes to your health information will be disclosed to those with whom the office discloses information as previously specified.

Right to an Accounting of Disclosures: You have the right to request a list accounting for any disclosures of your health information the office has made, except for uses and disclosures previously authorized in writing by you and/or disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to the office Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information the office uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the office discloses about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

The office is not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care the office may provide you. If the office does agree, the office will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, please contact the office Privacy Officer who will assist you with the restriction process.

Right to Request Confidential Communications: You have the right to request that the office communicate with you about health matters in a confidential manner.

To request confidential communications, you must make your request in writing to the office Privacy Officer. The office will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please contact any office staff member and they will assist you in obtaining a copy of the notice.

AMENDMENTS TO THE OFFICE NOTICE OF PRIVACY PRACTICES

The office reserves the right to change this notice. The office reserves the right to make the amended notice effective for health information the office has obtained or may obtain about you in the future. Should our notice change we will mail a revised copy to the address you have supplied us, as well as posting the revised notice in our office.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the office Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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 permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the office will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the office is unable to take back any disclosures the office has already made with your permission, and that the office is required to retain our records of the care that the office provided you.