

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the Center and include the effective date. In addition, each time you register at the Center for treatment or health care services as a patient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Center by contacting the main number (727-521-3929 or 1-800-225-3795) and asking for the Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the Center, contact the Privacy Officer. All complaints must be submitted in writing.

To file a complaint with the Secretary of the Department of Health and Human Services:
Web Site: www.hhs.gov

Department Of Health and Human Services
Office of Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201

You will not be penalized for filing a complaint.

**Bay Area Renal Stone Center
6002 49th Street North
St. Petersburg, Fl 33709-2139**

**(727)-521-3929
www.barsc.com**

BAY AREA RENAL STONE CENTER

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 Privacy Officer at Bay Area Renal Stone Center (Center) at the main number: 727-521-3929 or 1-800-225-3795.

Effective Date: 4/01/2003

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the Center, whether made by Center personnel, agents of the Center, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

Uses and Disclosures

How we may use and disclose Medical Information about you.

The following categories describe examples of the way we use and disclose medical information:

For Treatment: We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Center personnel who are involved in taking care of you at the Center. For example: a doctor treating you for a kidney stone may need to know if you have diabetes because diabetes may slow the healing process.

We may also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from the Center.

For Payment: We may use and disclose medical information about your treatment and services to

bill and collect payment from you, your insurance company or a third-party payor. For example, we may need to give your insurance company information about your procedure so they will pay us or reimburse you for the treatment. We may also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. We may combine medical information we have with that of other treatment centers to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- ◆ To business associates we have contracted with to perform the agreed upon service and billing for it;
- ◆ To remind you that you have an appointment for medical care;
- ◆ To assess your satisfaction with our services;
- ◆ To tell you about possible treatment alternatives;
- ◆ To tell you about health-related benefits or services;
- ◆ For population-based activities relating to improving health or reducing health care costs; and
- ◆ For conducting training programs or reviewing competence of health care professionals.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include services

provided by another health care provider, transcription service we use when your doctor dictates, or a storage company where patient files are sent. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payor for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, or other community-based initiatives or activities our facility is participating in.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- ◆ Food and Drug Administration
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- ◆ Correctional Institutions
- ◆ Workers Compensation Agents
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities
- ◆ Health Oversight Agencies
- ◆ National Security and Intelligence Agencies
- ◆ Protective Services for the President and Others

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

State-Specific Requirements: Many states have requirements for reporting including population-

based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If Florida State privacy laws are more stringent than Federal privacy laws, the Florida State law preempts the Federal law.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the **Right to:**

- ◆ **Inspect and Copy:** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- ◆ **Amend:** If you feel that medical information we have 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 information is kept by or for the Center. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- ◆ **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or health care operations.
- ◆ **Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for

treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- ◆ **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. The Center will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the Center and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- ◆ **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

The Center has a website that you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.