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NOTICE OF PRIVACY PRACTICES

CLIENT COPY KEEP FOR YOUR RECORDS

Effective Date: August 12, 2019

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.

Our Pledge and Responsibilities: Stay In Step is committed to protecting the privacy of medical information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to (i) make sure your medical information is protected, (ii) give you this Notice describing our legal duties and privacy practices with respect to your medical information, and (iii) follow the terms of the Notice that is currently in effect. We reserve the right to make changes to the Notice and make the new provisions effective for all protected health information we maintain. Copies of our Notice are available in our main reception area(s) and on our website.

Who Will Follow This Notice: All healthcare professionals, employees, medical staff, trainees, students, and volunteers of the Stay In Step organization will follow the privacy practices described in this Notice.

How We May Use and Disclose Your Medical Information: The following sections describe different ways we may use and disclose your medical information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted

For Treatment: We may use medical information about you to provide, coordinate, and manage your treatment or services. We may disclose medical information about you to other healthcare professionals such as physicians, nurses, technicians, clinical laboratories, imaging centers, medical students, or other personnel who are involved in your care. We may communicate your information using various methods, orally, written, facsimile, and electronic communications. We may contact you to remind you of your appointment by telephone, text message, reminder card, or email unless requested otherwise. Our office contains open areas where conversations may be overheard, we will make every attempt to minimize the exposure of your PHI, and if requested, we will relocate to a private room.

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 payer. Examples may include contacting your insurance company for referrals, verification, or pre-approval of covered services.

For Health Care Operations: We may use or disclose, as needed, your health information to support our business activities. These activities may include, but are not limited to, quality assessments, employee review activities, licensing, legal advice, accounting support, information systems support, and

conducting or arranging for other business activities such as lab or radiology interfaces within the EHR and through a Health Information Exchange (HIE) program. As needed, we may use or disclose your health information within a medical group to support your care. We may also provide other healthcare professionals who contribute to your care with copies of various reports and information to assist him/her and ensure that they have appropriate information regarding your condition/treatment plan and diagnosis.

Fundraising Activities: We may contact you to provide information about Stay In Step-sponsored activities, including fundraising programs and events to support research, education, or client care at Stay In Step. For this purpose, we may use your contact information, such as your name, address, phone number, the dates you received treatment at Stay In Step, your treatment outcome, and your health insurance status. The communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an “opt-out.”

Business Associates, BA: Provide services for our organization through written contracts and/or service agreements. Examples of these services include billing, collection, and software support. We may disclose your health information to a BA so they can perform the services we have asked them to do, such as billing your third-party payer for services rendered. The BA is also required by law to protect and safeguard your health information, which is clearly defined by our Business Associate Agreement and written contracts/service agreements.

Uses and Disclosures That May Be Made *with Your Consent, Authorization, or Opportunity to Object:* We will not use or disclose information without your written authorization, except as described in this Notice or as required by applicable laws. Written authorization is required for most uses and disclosures for medical research, the use of psychotherapy notes, and certain disclosures of sensitive health information. This may include the performance or results from a test or treatment of HIV, HIV-related conditions, or drug/alcohol programs and treatment. If our Practice participates in medical research and all patient identifiers have been removed, we are not required under the Privacy Rule to obtain authorization from you. If you do provide authorization to use or disclose medical information, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we cannot retrieve any disclosures we have already made with your authorization.

Future Communications: We may communicate with you via newsletters, mailings, or other means regarding treatment options and information on health-related benefits or services; to remind you that you have an appointment; or other community-based initiatives or activities to include limited marketing or fundraising initiatives in which our facility is participating. You have the right to opt out at any time; if you are not interested in receiving these communications, please contact our Privacy Office.

Uses and Disclosures That May Be Made *Without Your Authorization or Opportunity to Object:* We may use or disclose your health information in the following situations without your authorization (permission) or without providing you with an opportunity to object. These situations include:

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

- To tell you about or recommend possible treatment alternatives

- To inform you of benefits or services we may provide
- In the event of a disaster, to organizations assisting in a disaster relief effort so that your family can be notified of your condition and location
- As required by state and federal law
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person
- To authorize federal officials for intelligence, counterintelligence, or other national security activities
- To coroners, medical examiners, and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military, if you are a member of the armed forces and we are authorized or required to do so by law
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorize federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are a potential organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation, or donation
- To governmental, licensing, auditing, and accrediting agencies
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law enforcement officials
- To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance, and legal services
- Unless you say no to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify
- For public health purposes
- To courts and attorneys when we get a court order, subpoena, or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as authorized or required by law

Your Health Information Rights: The records of your medical information are the property of Stay In Step. You have the following rights, however, regarding medical information we maintain about you:

Inspect and Copy: You and/or your personal representative have the right to inspect, review, and receive a copy of your medical information. Electronic copies are available and may include various electronic means such as a patient portal or other reasonable accommodations requested. We may deny your request to inspect and copy in limited circumstances to include the release of psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If you are denied access to medical information, you may request that the denial be reviewed. Requests to copy and/or a review must be submitted in writing to our Practice. There will be a fee charged for all applicable copying and producing a copy of portable media up to the maximum amount as prescribed by governing law.

Amend: If you feel that the medical information we have is incomplete or incorrect, you may ask us to amend the information by submitting a request in writing. We may not agree or be required to agree to your request(s) for specific reasons. If this occurs, you will be informed of the reason(s) for the denial.

An Accounting of Disclosures: You have the right to request an accounting of our disclosures of your medical information; the list will not include disclosures to carry out treatment, payment, health care operations, or disclosures authorized by you. This request must be in writing and for a time period but may not be longer than six (6) years. Our Practice will provide the first accounting to you in any 12-month period without charge upon receipt of your written request. The cost for subsequent requests for an accounting within the 12-month period will be up to the maximum amount prescribed by governing law.

Request Restrictions: You have the right to request a restriction or limitation of your medical information we use or disclose about you for treatment, payment, or healthcare operations. *Restrictions from your health plan (insurance company):* You have the right to request that we restrict disclosure of your medical information to your health plan for covered services, provided the disclosure is not required by other laws. You must pay for services in full and out of pocket. *Other Restrictions, Limiting Information:* You also have the right to request and limit any medical information we disclose about you to someone who may be involved in your care or the payment of your care, such as a family member or friend. We ask that you submit these requests in writing. We may not agree or be required to agree to your request(s) for specific reasons; if this occurs, you will be informed of the reason(s) for the denial.

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. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternate phone number or address. We ask that you submit these requests in writing.

Breach Notification: If there has been a breach of unsecured protected health information (PHI) identified on behalf of our organization or a BA, you will be notified within 60 days of the breach unless our state law is more stringent, then we will abide by our state law. In addition to your individual notification, we may be required to meet further reporting requirements set forth by state and federal agencies.

Personal Representatives, Minors, and Guardians: If you have given someone the legal authority to exercise your rights and choices about your health information, we will honor such requests once we verify their authority. This Notice also applies to minors and some disabled adults. They enjoy the same

privacy protections for their medical information. However, because they usually cannot make health care decisions for themselves, a parent or a guardian can make decisions on their behalf. Parents or guardians can permit the use and release of this medical information. Parents or guardians may also hold all rights listed in this Notice including the right to inspect and copy and the right to amend.

For More Information or to Report a Problem, If you have questions or want to exercise any of your rights, please submit your request in writing to the Practice's privacy office indicated below. Suppose you believe that your (or someone else's) privacy rights may have been violated. In that case, you may file a complaint with the Privacy Officer at the contact number below or with the Secretary of Health and Human Services. All complaints must be submitted in writing within 180 days of when you knew that the act or omission occurred, and there will be no retaliation for filing a complaint.

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