



PROVIDING UROLOGIC CARE & SURGERY  
A Division of 21<sup>st</sup> Century Oncology, LLC

## NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this health information. Please read it carefully and ask any questions.

### WHAT IS HEALTH INFORMATION:

Each time that a service is rendered or a procedure is done, even as simple as a routine blood pressure check, data and information are collected. This is health information or what is commonly referred to as information for or in the medical record or the patient record. Accurate, credible, and timely data and information are used by this facility as the basis for planning your care, as a means of having multiple healthcare providers know about your current health status, as a health legal document, as a record for billing purposes, as a source of data for research, planning, and marketing, as a source of required information for public health officials, and as a means to continue to improve the care that we provide. At this facility, we have always, and will continue to protect the privacy of your health information and the dignity of you as an individual. On July 6, 2007, the .S. Federal Government passed compliance regulations that mandate all healthcare facilities to protect health information and inform consumers of the healthcare information practices of the facility.

### THE CONSUMER'S HEALTH INFORMATION RIGHTS:

This facility maintains a medical record for you containing medical information concerning you. With this in mind, you have the right to:

- Request a restriction on use and disclosure of health information, although the facility is not required to comply (45 CFR 164.522)
- Obtain a copy of this notice
- Inspect and receive a copy of your medical record (45 CFR 164.524)
- Amend your medical record (45 CFR 164.528)
- Obtain an accounting of disclosures of your medical record (45 CFR 164.528)
- Request your medical record by alternative means or location
- Revoke your authorization to use or disclose your health information except to the extent that action has already been taken.

### THE FACILITY'S RESPONSIBILITIES

This facility's mission of quality service and respect of the individual has always taken into account protecting health information privacy.

Our responsibilities are to:

- Maintain the privacy of your health information
- Provide you this notice of health information practices
- Notify you if we are unable to satisfy a request
- Accommodate all reasonable requests while maintaining quality care and respect for you
- Make you aware of all health information practice policy changes
- We will not use or disclose your health information without your approval except as stated in this notice

### TO REQUEST FURTHER INFORMATION OR ASK QUESTIONS:

If you would like further information or have questions, this facility, Uromedix employs a Compliance Officer who can be reached at 305-466-9111.

If you believe that your privacy rights have been violated, you can file a complaint with the Compliance Officer or with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

### Examples of Permitted Types of Uses and Disclosures of Health Information:

This facility may use or be required to use your health information without your authorization or consent for normal business activities as follows:

**For Care and Treatment:** Health information obtained by a healthcare practitioner such as a physician, nurse, or therapist, will be entered into your medical record and used to determine a plan of care. For example, healthcare members will write and read what others have written such as that your care can be coordinated and everyone is aware of how you are responding to your treatment plan. When you are discharged from this facility, your health information may go with you such that future healthcare providers will have a record of your care. Your health insurer may disclose health information to the sponsor of the plan. Information regarding your care will be provided to your referring physician and/or your primary care physician for coordination of care.

**For Billing and Payments:** Health information on a bill sent to an insurer may include health information. This health information is restricted to that which is needed for the financial transactions. At times, the insurance company may require records sent with the bill for payment.

**For Health Operations:** In order to provide quality care, healthcare providers at this facility may use your health information, for example, to analyze the care, treatment, and outcomes of your medical case and of others. This health information will be used to continually improve the care of the services that we provide to you.

**For Business Associates:** In order to provide quality care, this facility requires business services such as pharmacy, medical equipment, medical laboratories, etc. These services will have use of your health information as it pertains to their service delivery. Also, please know that these businesses must follow our standards for protecting your health information.

**For Notification:** We may use or disclose health information, such as your general condition, to notify or assist in notifying a family member or other person responsible for your care.

**For Communication:** We may use or disclose health information to family members or those that you deem responsible for your care, health information relevant to your care and their need to know.

**For Research:** Uromedix has a business relationship with South Florida Medical Research Corp. (SFMR) and may disclose health information to them for research purposes only unless notified by you in writing. SFMR will adhere to this facility's health information privacy standards.

**For Funeral Directors:** We may disclose health information to funeral directors in accordance with state laws and for professional purposes only.

**For Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or organizations involved in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**For Marketing Purposes:** We may contact you to provide information on appointment reminders or alternative treatments and services that may benefit you given your medical condition.

**For the Food and Drug Administration:** As requested or required by the FDA, we may disclose health information relative to an adverse health condition related to food, food supplements, product and product defects related to food, or post marketing surveillance information to allow product recalls, repairs, or replacements.

**For Workers Compensation Issues:** In compliance with the Worker's Compensation laws, health information may be revealed to the extent necessary to comply with the law and your individual case.

**For Public Health Requirements:** As required by law, health information may be disclosed to public health or legal authorities for the jurisdiction of disease, injury, or disability prevention or control.

**For Correctional Institutions:** Should you be an inmate in a correctional institution, health information may be disclosed to the institution or its agents that which would be necessary for your health and safety and the health and safety of other individuals.

**For Law Enforcement Agencies:** Health information may be disclosed to law enforcement agencies for purposes required by law or subpoena.

**For Health Care Oversight:** Patient health information may be used by health oversight agencies for activities such as audits, inspections, and licensure activities.

**For Specialized Government Functions:** In the event that appropriate military authorities require information, it may be released at the minimum necessary level.

**For Victim of Abuse, Neglect, and Domestic Violence:** Information may be released to social service agencies or protective services in order to protect an individual.

Other uses and disclosures are to be made with your written authorization and you may revoke such authorization at any time.

Effective Date: 10/27/2008

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