

## **NOTICE OF PRIVACY PRACTICES AND PATIENTS' RIGHTS**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS AS A PATIENT. PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about our practices or your rights, please contact:**

**Privacy Officer  
P.O. Box 773730  
Ocala, Florida 34477-3730  
(352) 861-2115  
(352) 854-5726 (Fax)**

This Notice of Privacy Practices, effective September 1, 2018, describes how we may use and disclose your protected health information for treatment, payment or healthcare operations, and for other purposes that are required or permitted by law. It also provides your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition, and related health care services.

We reserve our right to revise, make new policies, or change the terms of this notice. Any revisions to our privacy practices will apply to all protected health information that we maintain at that time. We will post a notice of any revised practices in a prominent place on our premises.

The following practice locations and departments comprise Vantage Health, LLC and are covered under this Notice of Privacy Practices and Patients' Rights:

**Vantage Urologic Institute**

**Carlyle Dermatology**

**Consilience, LLC**

**BioVantra, LLC**

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

All departments and offices comprising our practice, will use, share and disclose your protected health information as necessary for quality health care, treatment, payment, and our health care operations. We will not ask you to sign a consent form for uses and disclosures that are allowed, as described in this notice. Otherwise, your written consent will be maintained on file; and you have the right to revoke your consent, unless we have taken action in reliance on your authorization. Your consent to and acceptance of our services will mean that you have consented to our use and disclosure of your protected health information, as provided in this notice.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, including your surgical procedures, drug study participation and/or eligibility, and all in-office ancillary healthcare services provided by our organization. This also includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We will also disclose your protected health information to other outside physicians who may be treating you when we have the necessary permission from you to disclose your protected health information.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your

health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits.

**Health Care Operations:** We will use and disclose your protected health information as necessary to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing activities, drug study/recruitment activities, clinical improvement, professional peer review, business management, accreditation/licensing, and conducting or arranging for other practice-related business activities.

Additionally, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. When your physician or other staff member is ready to see you, we may call you by name while you are in the waiting area. We may use or disclose your protected health information, as necessary, to contact you for appointment or other reminders or notifications.

**Business Associates:** At times it may be necessary for us to provide your protected health information to certain outside persons or organizations that assist us with our health care operations, such as auditing, accreditation, billing, legal services, etc. These business associates are required to properly safeguard the privacy of your information. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Appointments and Services:** Our office and associated health care operations may contact you to provide appointment reminders or information about treatment alternatives, drug studies, or other health-related benefits and services that may be of interest to you.

#### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may further use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In such case, only the protected health information that is relevant to your health care will be disclosed.

**Family and Friends:** With your written approval, and using our best judgment, your protected health information may be disclosed to designated family, friends, and others who are involved in your care or in payment of your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use and disclose your protected health information in an emergency treatment situation. Should such an emergency arise, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If our physician is required by law to provide treatment and we have attempted, but have been unable, to obtain your consent, we may still use or disclose your protected health information in rendering treatment to you.

**Communication Barriers:** We may use and disclose your protected health information if your physician attempts to obtain your consent but is unable to do so due to substantial communication

barriers, and the physician determines, using professional judgment, that you intend to consent to such use or disclosure under the circumstances.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use or disclose your protected health information in the following situations, without your consent or authorization:

**Required by Law/Public Health:** Releases required by law and/or public health activities (e.g. disease, injury, birth/death reporting) and public health investigations;

**Abuse or Neglect:** Releases required for suspected child abuse or neglect, or if you are suspected of being a victim of abuse, neglect, or domestic violence;

**Food and Drug Administration:** Releases to the Food and Drug Administration for reporting adverse events, product defects, or for product recalls;

**Employment:** Releases to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;

**Regulatory Agencies:** Releases legally required to a government oversight agency conducting audits, investigations, or civil/criminal proceedings;

**Legal Proceedings:** Releases pursuant to a court order, administrative ordered subpoena or discovery request; in most cases you will have notice of such releases;

**Law Enforcement:** Releases to law enforcement as legally required for reporting wounds, injuries, and crimes;

**Coroners and Funeral Directors:** Releases to coroners and/or funeral directors according to applicable laws;

**Organ Donation:** Releases for organ/tissue donation or transplantation, according to your written instructions, or other legal directives;

**Military Requirements:** Releases for military requirements, armed forces services, or if necessary for national security or intelligence activities;

**Workers' Compensation:** Releases to workers' compensation agencies, as applicable to your workers' compensation benefit determinations;

**Research:** Releases to researchers when their research has been approved by an institutional review board; and

**Inmates:** Releases if you are an inmate of a correctional facility and we created or received your protected health information in the course of providing care to you.

## **PATIENTS' RIGHTS NOTIFICATION**

You are entitled to certain rights that you may exercise as described below.

**Access to Protected Health Information:** You have the right to copy and/or inspect much of your protected health information that we retain on your behalf, and that is contained in a designated record set, for as long as we maintain such protected health information. A "designated record set" contains medical and billing records and any other records that your physician and our office used for making decisions about you. Your request to access your protected health information must in writing, dated, and signed by you or your legal

representative.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action, and protected health information that is subject to law that prohibits such access. In some circumstances, you may have a right to have reviewed any decision denying your request for such protected health information.

**Amendments to Protected Health Information:** You have the right to request in writing that your protected health information that we maintain in a designated record set, be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To qualify for consideration, your amendment request must be in writing, dated, and signed by you or your legal representative, and must state the reasons for the requested amendment/correction. Should we make an amendment/correction that you request, we may also notify others within our organization(s) for the amendment/correction of your records that they maintain.

**Accounting for Disclosures of Protected Health Information:** You have the right to receive an accounting of certain disclosures of your protected health information that we make, after September 1, 2018. Requests must be made in writing, dated, and signed by you or your legal representative.

**Restrictions on Use and Disclosure of Protected Health Information:** You have the right to request restrictions on certain of our uses and disclosures of your protected health information. We are not required to agree to your restriction request but will attempt to accommodate reasonable and legal requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe the termination is appropriate. Should we terminate a request, we will notify you. You also have the right to terminate any restriction you impose on us, by providing our organization with a written termination, dated, and signed by you or your legal representative.

**Alternative Means/Alternative Locations:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests for alternative means of communications and/or locations. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request to our Privacy Officer.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint with our Compliance Officer. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**Access Fees:** We will impose reasonable cost-based fees for certain work and expenses that we incur at your request to provide you with access to information. Such access fees may be imposed for copying, including supplies and labor, postage, and labor in the preparation of explanations or summaries of your protected health information. Such fees will be billed to you as the result of your request for your information and you agree, herein, to pay such fees as charged.