

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ CAREFULLY

NOTICE OF PRIVACY POLICY

Effective April 14, 2003

Revised July 20, 2015

The following is the Privacy Policy ("Privacy Policy") of Magnolia Medical Clinic, P.A. ("we", "our") as described in the Health Insurance Portability and Accountability Act of 1996 regulations promulgated hereunder, commonly known as HIPAA. HIPAA requires Covered Entities, by law, to maintain the privacy of your personal health information and to provide you with notice of Covered Entity's legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

YOUR PERSONAL HEALTH INFORMATION

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written, electronically stored or recorded, that is created or received by certain healthcare entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your last name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission is obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

- **Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.
- **Payment:**
 - We may use and disclose your Medical Information to bill and be paid for your treatment. For example, we may give your health insurer information about your treatment so your insurer can pay for it; however, if you pay for the service in full, out-of-pocket, you can request that we not disclose any information about services rendered. For this, a written request must be submitted, in writing, and must identify what information is restricted and what the insurance company (s) is not to receive.
 - If a bill is overdue, we may give Medical Information to a collection agency to help collect payment. We may also provide Medical Information to other health care providers.

- **Healthcare Operations:** We may use and disclose Medical Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for management purposes.
- **Appointment Reminders/Treatment Options/Health-Related Benefits and Services:** Magnolia Medical Clinic uses a third-party automated outreach & messaging system to use your personal information, the name of your care provider, the time and place of your scheduled appointment(s), and other limited information, for the purpose of notifying you of a pending appointment, missed appointment, overdue wellness visit, or any other reasonable healthcare related communication. You may request that we provide such reminders in a certain way or at a certain place. We will try to honor all reasonable requests. We may also communicate to you by mail, email, patient portal or other means about treatment options, health-related information, disease-management programs and wellness programs.
- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose Medical Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend.
- **Business Associates:** We may disclose Medical Information to third parties so that they may perform a job we've asked them to do. For example, we may utilize a third party to perform medical record copying on our behalf. The Third Party (s) is required to protect the privacy and security of your Medical Information.
- **Fundraising:** We may contact you to provide information about clinic activities, including fundraising. To do so, we would only utilize your contact information, demographic information and dates of service. If you prefer to "opt out" of our fundraising efforts, notify the Privacy Officer using the contact information listed above. We will process your request promptly once the opt-out notice is received.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Medical Information in response to a court or administrative order. Under certain circumstances, we also may disclose medical information in response to a subpoena or discovery request by someone else involved.
- **As Required by Law:** We will disclose your Medical Information when required to do so by international, federal, state or local law.
- **Public Health Purposes:** We may disclose Medical Information for public health purposes. Some examples of these purposes are:
 - Reporting communicable diseases to health officials; or
 - Reporting child abuse or neglect.
 - Reporting Immunizations to a statewide, centralized registry. Please provide, in writing, your request to opt-out and to which registry.
- **Workers' Compensation:** We may disclose Medical Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Health Oversight Activities:** We may disclose Medical Information to a health oversight agency for authorized government review of the health care system, civil rights and privacy laws, and compliance with government programs.
- **Law Enforcement:** We may disclose Medical Information to law enforcement officials. Some examples of these types of disclosures are:
 - In response to a valid court order, subpoena or search warrant.
 - To identify or locate a suspect, fugitive or missing person.
 - To report a crime committed on MMC premises.

- **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information:** Special privacy protections apply to HIV-related information, alcohol and substance abuse and treatment information, mental health information and genetic information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. MMC will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, you may contact our Privacy Officer to ask about the special protections.
- **Other Uses of Medical Information:** Other uses and disclosures of Medical Information not covered by this Notice or laws that apply to us will only be made with your written authorization. You may revoke your authorization at any time by sending a written request to our Privacy Officer. We are unable to take back any disclosures we made while your authorization was effective.

YOUR MEDICAL INFORMATION RIGHTS

The records we maintain about your health care are the property of MMC. To protect your privacy, we may check your identity when you have questions about treatment or billing issues. We will also confirm treatment or billing issues. We will also confirm the identity and authority of anyone asking to review copy or amend Medical Information or to obtain a list of disclosures of Medical Information as described below. These are your specific rights, subject to certain limitations, regarding Medical Information we maintain about you.

- **Right to Obtain a Paper Copy of This Notice:** You have the right to a paper 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.
- **Right to Inspect and Copy:** In general, you have the right to inspect and copy your Medical Information. If you request a copy of your Medical Information, we may charge a reasonable fee for the costs of labor, postage, and supplies associated with your request.

WE MAY DENY YOUR REQUEST TO INSPECT, COPY OR SEND MEDICAL INFORMATION IN CERTAIN LIMITED CIRCUMSTANCES. IF YOU ARE DENIED ACCESS TO MEDICAL INFORMATION, YOU MAY REQUEST THAT THE DENIAL BE REVIEWED.

- **Right to Request Amendments:** If you feel that your Medical Information we have about you is incorrect or incomplete, you may ask us to amend the information or to make an addition to your record. You have the right to request this for as long as we maintain the information. To request an amendment, please submit your written request, along with a reason that supports it, to our Privacy Officer. If we accept your request, we will advise you and will amend your records. We cannot take out what in your record, but we will amend the information. If we deny your request for amendment, you may submit a statement of disagreement, to which MMC may choose to respond in writing. In addition, you have the right to request that MMC send a copy of your amendment request and your statement of disagreement (if any) with any futures disclosures of your Medical Information.
- **Right to an Accounting of Disclosures:** You have the right to request a listing of our disclosures of you Medical Information. To request an accounting of disclosures, please submit your request to our Privacy Officer using the contact information above.
- **Right to 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 that we disclose a limited amount of Medical Information to someone in involved in payment in your care. We are not required to agree to your request. If we do agree, we will notify you in writing and honor our agreement unless we need to use or disclose the information to provide emergency treatment to you or if the law requires us to disclose it.

- **Right to Request Confidential Communications:** You have the right to request the method in which we communicate with you regarding your health matters. For example, you can ask that we only contact you at work or by email. We will honor all reasonable requests; however, if we are unable to contact you using your requested methods, we may contact you using the information that we have.
- **Right to Notice of Breach of Certain Health Information:** We are required to notify you by First Class mail or email (if you've provided this communication preference) of any unauthorized acquisition, access, use or disclosure of certain categories of health information if we determine that the breach could pose a significant risk of financial or reputational harm to you.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Medical Information we already have as well as any information we receive in the future. We will post a copy of the current in our clinic and our website. The effective date will be at the beginning of our Notice.

COMPLAINTS

You may file a written or verbal complaint with us if you believe your privacy rights have been violated. If you have any privacy-related questions or complaints, please contact our Privacy Officer using one of the methods listed below. You may also file a complaint with the U.S. Department of Health and Human Services. Please go to <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> for instructions on how to file your complaint. HIPAA prohibits retaliation from an entity if a complaint is filed.

Complaints should be in writing and submitted to:

Privacy Officer
Magnolia Medical Clinic, P.A.
131 Magnolia Ave., SE
Fort Walton Beach, FL 32548