

University Pain Medicine
8451 Shade Avenue Suite 210
Sarasota, FL 34243

Notice Of Privacy Practices September 23, 2013

This notice described 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 our Privacy Officer who is Robert Florio, M.D.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are required by law. It also describes your right to access and control your protected health information. "Protected health information" 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 are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website (UniversityPainMedicine.com), or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of your physician's practice.

Following our examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) whom, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician.

PAYMENT: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the Healthcare Services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

At the patient's request, physicians may not disclose information about care the patient has paid for out-of-pocket to health plans, unless for treatment purposes or in the rare event the disclosure is required by law.

HEALTH CARE OPERATIONS: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fund-raising activities, and conducting or arranging for other business activities.

We will share your protected health information with third-party "business associates" that perform various activities (for example, billing or transcription services) for our practice. 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.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you. The only time a physician may tell a patient about a third party's product or service without the patient's written authorization is when: The physician receives no compensation for the communication; the communication is face to face; the communication involves a drug or biologic the patient is currently being prescribed and the payment is limited to reasonable reimbursement of the cost of the medication (no profit); the communication involves general health promotion, rather than the promotion of a specific product or service; or the communication involves government or government-sponsored

programs. Physicians are permitted to give patient's promotional gifts of nominal value (e.g., pamphlet).

The patient has the right to opt-out of fund raising communications. We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activity supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and requested these fundraising materials not be sent to you.

Your physician is prohibited from selling your protected health information in the absence of the patient's written authorization. This extends to licenses or lease agreements, and to the receipt of financial or in-kind benefits. It also includes disclosures in conjunction with research if the remuneration received includes any profit margin. On the other hand, the prohibition on protected health information sales does not extend to permitted disclosures for payment or treatment nor to permitted disclosures to patient's or their designees in exchange for a reasonable cost-based fee.

Your physicians may disclosed immunizations to schools required to obtain approval of immunization prior to admitting the student so long as the physicians have and document the patient or patient's legal representative's "informal agreement" to the disclosure.

Your physicians may make relevant disclosure to the deceased's family and friends under essentially the same circumstances such the disclosures were permitted when the patient was alive; that is, when the individuals were involved in providing care or payment for care and the physician is unaware of any expressed preference to the contrary.

Physicians are permitted to combine conditioned and unconditioned authorizations for research participation, provided individuals can opt-in to the unconditioned research activity. Moreover, these authorizations may encompass future research.

Other Permitted and Required Uses and disclosures That May Be Made without Your Authorization or Opportunity to Agree or Object

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. He will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclosed your protected health information for public health activities and purposes to a public health Authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable products recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law-enforcement purposes. These law enforcement purposes include: Legal processes and otherwise required by law; limited information request for identification and location purposes; pertaining to victims of a crime; suspicion that a death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of our practice; and medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Corners, Funeral Directors, and Oregon Donation: We may disclose protected health information to wake corner or medical examiner for identification purposes, determining cause of death or for the corner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposals and established protocols to insure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected

health information if it is necessary for law-enforcement parties to identify or apprehend and individual.

Military Activity and National Security: When the appropriate condition apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for: Activities deemed necessary by appropriate military command authority's; for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits, or to foreign military authority if you are any member of that foreign military services. We may also disclose your protected health information to authorized service officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may recall this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You The opportunity to Agree or Object

Facility Directories: Unless you object, we will use and disclosed in our facility director E your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determined that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. 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 and other individuals involved in your healthcare.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by Federal or state law we may charge you a reasonable fee for a copy of your records.

Copies of electronic protected health information. Your physician has 30 days to respond to a patient's written request for his or her protected health information with one 30 day extension, regardless of where the records are kept. Your physician must provide access to electronic health record and other electronic record in the electronic form and format requested by the individual if the records are "readily reproducible" in that format. Otherwise they must provide the records in another mutually agreeable electronic format. Hard copies are permitted only when the individual rejects all readily reproducible electronic formats.

Physicians must also consider transmission security, and may send protected health information in unencrypted e-mails only if the questioning individual is advised of the risk and still request that form of transmission.

There are approved costs that may be charged to the individual for copies to include labor cost (potentially to include skilled technical labor cost for extracting electronic protected health information and supply costs if the patient requests a paper copy, or if electronic, the cost of any portable media (such as a USB memory stick or a CD), assuming state law does not set a lower reimbursement rate. The rules also clarify that physicians may impose a separate charge for creating an affidavit of completeness.

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 simple, criminal, or administrative action or proceeding; and laboratory results that are subjective along that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about Axis II your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

At the patient's request, physicians may not disclose information about care the patient has paid for out-of-pocket to health plans, unless for treatment purposes or in the rare event the disclosure is required by law. Otherwise your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, We may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you wish to request with your physician. You may request a restriction by giving a detailed written request to the Privacy Officer.

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. 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 the explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. COMPLAINTS

Breach notification requirements. Breaches of your protected health information are presumed reportable unless, after completing a risk analysis applying four factors, it is determined, that there is a "low probability of protected health information compromise." The physicians must consider all of the following four factors: 1. the nature and extent of the protected health information involved. Issues to be considered include the sensitivity of the information from a financial or clinical perspective and the likelihood the information can be re-identified. 2. The person who will obtain the on authorized access and whether that person has an independent obligation to protect the confidentiality of the information; 3. Whether the protected health information was actually acquired or accessed, determined after conducting a forensic analysis; and 4. The extent to which the risk has been mitigated, such as by obtaining a signed confidentiality agreement from the recipient. Your physician and any associated business associate will adhere to requirements for individual notification, Health and Human Services notification, and where applicable media postings of the breach.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Robert Florio, M.D. at 94 1-355-0496 or UniversityPainMedicine.com for further information about the complaint process.