

## **Adva-Net**

### **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

***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***

#### **A. INTRODUCTION**

During the course of providing services and care to you, Adva-Net gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how Adva-Net maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

#### **B. ADVA-NET’S RESPONSIBILITIES**

Adva-Net is required by federal and state law to maintain the privacy of your protected health information. Adva-Net is also required by law to provide you with this Notice of Privacy Practices that describes Adva-Net’s legal duties and privacy practices with respect to your protected health information. Adva-Net will abide by the terms of this Notice of Privacy Practices. Adva-Net reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If Adva-Net changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

#### **C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION**

Adva-Net will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. Adva-Net has prepared an authorization form for you to use that authorizes Adva-Net to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Adva-Net then will not use or disclose your protected health information, except where it has already relied on your authorization.

**D. HOW ADVA-NET MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION**

**1. Permissive Disclosures**

Adva-Net may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:

a. Your Care and Treatment

Adva-Net may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, Adva-Net may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. Adva-Net may also disclose your protected health information to individuals who will be involved in your care if your employer no longer utilizes Adva-Net.

b. Billing and Payment

i. Adva-Net may use or disclose your protected health information to public or private health insurers (including workers' compensation carriers, third party administrators, bill review companies, managed care organizations, etc.) in order to bill and receive payment for your treatment and services that you receive at the facility. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Adva-Net may electronically transmit required health information according to Federal and State requirements.

ii. Workers' Compensation Providers – Adva-Net may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Licensing and Accreditation

Adva-Net may disclose your protected health information to any government or private agency, such as to the regulatory entity for the state of jurisdiction for your workers' compensation claim, so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal

proceedings or actions; or other activities necessary for appropriate oversight.

d. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Adva-Net may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Adva-Net may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.

e. Disaster Relief

Adva-Net may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

f. Business Associates

Adva-Net may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, and fee schedule bill review or managed care services. Adva-Net may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the Adva-Net behalf. Adva-Net will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

g. Research

Adva-Net may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

h. Appointment Reminders

Adva-Net may use or disclose your protected health information to remind you about appointments.

i. Treatment Alternatives or Health-Related Benefits and Services

Adva-Net may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

j. Members of Workforce

It is Adva-Net's policy to allow members of its workforce to share patients' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on Adva-Net's behalf. At the same time, Adva-Net will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its patients to have the confidentiality of their protected health information maintained.

k. Workers' Compensation

Adva-Net may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

**2. Mandatory Disclosures**

Adva-Net will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

Adva-Net will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

Adva-Net will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

Adva-Net will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. Coroner

Adva-Net will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

e. National Security and Intelligence Activities, Protected Services for the President and Others

Adva-Net will disclose protected health information about a patient to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.

f. Other Disclosures Required by Law

Adva-Net will disclose protected health information about a patient when otherwise required by law.

**E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

You have the following rights with respect to your protected health information. To exercise these rights, contact Adva-Net at the following address: Adva-Net 6920 Professional Parkway East, Sarasota, FL 34240 Attn: Privacy Official

a. Right to Request Access

You have the right to inspect and copy your protected health information maintained by Adva-Net. In certain limited circumstances, Adva-Net may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

b. Right to Request Amendment

You have the right to request an amendment to your protected health information maintained by Adva-Net. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

c. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations,

or providing notifications regarding your identity and status to persons inquiring about or involved in your care. Adva-Net is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or Adva-Net.

d. Right to Request Confidential Communications

You have the right to request that Adva-Net communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Adva-Net over the six years prior to the date of your request or for a lesser period. Adva-Net is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations;
- To respond to your requests for access to protected health information;
- To aid in the identification or care of a patient; or
- To any recipient prior to April 14, 2003 or for protected health information created more than six years before the date of your request for an accounting.

f. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Adva-Net's Notice of Privacy Practices for Protected Health Information in written or electronic form.

**F. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with Adva-Net at the following address: 6920 Professional Parkway East, Sarasota, FL 34240 Attention: Administrator. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza – Room 322, San Francisco, CA 94102, attention OCR Regional Manager.

**G. FURTHER INFORMATION**

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Adva-Net at the following address 6920

Professional Parkway East, Sarasota, FL 34240, Attention: Privacy Official.

**The effective date of this Notice of Privacy Practices is April 14, 2003**

**I acknowledge notification of the NPP practices of Adva-Net.**

**Patient Name:** \_\_\_\_\_

**Patient Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_