

# NOTICE OF PRIVACY PRACTICES OF

*PBJ Medical Associates, LLC*

*PBJ Medical Associates, LLC* must collect timely and accurate health information about you and make that information available to members of your healthcare team in this agency, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of PBJ Medical Associates, LLC to protect your health information from unauthorized use or disclosure while providing healthcare, obtaining payment for that healthcare, and for other services relating to your healthcare.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used within PBJ Medical Associates, LLC, as well as reasons why your health information could be sent to other service providers outside of this agency.

This *Notice* describes your rights regarding the protection of your health information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures PBJ Medical Associates, LLC uses to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

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## Client Acknowledgment

I have received PBJ Medical Associates LLC's *Notice of Privacy Practices*, which describes this agency's methods for protecting the privacy of my health information that is used in providing healthcare services to me.

\_\_\_\_\_/\_\_\_\_\_  
Client (or Personal Representative) Date

***Note: PBJ Medical Associates, LLC retains this signed page. Client retains the Notice of Privacy Practices document.***

## **NOTICE OF PRIVACY PRACTICES**

### **PBJ Medical Associates, LLC**

**Effective Date: January 1, 2023**

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**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.**

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#### **Responsibilities of PBJ Medical Associates, LLC**

*PBJ Medical Associates, LLC* is required to protect the privacy of your health information that may identify you. This health information includes healthcare services that are provided to you, payment for those healthcare services or other healthcare operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information that we maintain. Any changes to this *Notice* will be posted in our offices. Copies of any revised *Notices* will be available to you upon request.

If at any time you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures, and practices you may contact us at 1-800-485-7962.

#### **Use and Disclosure of Health Information without Authorization**

##### **Treatment**

*PBJ Medical Associates, LLC* may use or disclose your health information, as needed, to provide, coordinate, or manage your healthcare and related services. This includes sharing your health information with other health care providers, both within and outside this agency, regarding your treatment when we need to coordinate and manage your healthcare.

**Example:** We may share your health information with doctors, nurses and other health care personnel who are involved in providing your health care. For example, disclosing your health information to another healthcare provider would be especially important if it is needed to treat or manage an important disease. Thus, sharing your health information with another healthcare provider is essential for your protection and quality care.

## **Payment for Services**

*PBJ Medical Associates, LLC* may use and give your health information to other staff and health plans you designate to bill and collect payment for the healthcare services received. We may share information with your health plan to determine coverage status prior to scheduled services. We will share adequate information with departments that prepare bills and manage client accounts to ensure payment for services rendered. We may share your health information with agents of your insurance company or health plan to confirm services that were provided to you. We may also share your health information with facility staff who review client services to make certain you have received appropriate care and treatment.

**Example:** The treatment provided to you needs to be shared with our agency's billing department and with your health plan so your health plan can pay your bill.

## **Health Care Operations**

*PBJ Medical Associates, LLC* may use or disclose your health information in performing a variety of business activities that we call "healthcare operations". These "healthcare operations" allow us to improve the quality of care we provide to you and our other clients and help us to reduce healthcare costs. Some examples of the way we may use or disclose your health information for "health care operations" are:

- Review the care you receive here and evaluating the performance of your healthcare team to ensure you have received quality care.
- Improve healthcare and lowering costs for groups of clients who have similar health problems and to help manage and coordinate their care.
- Review and evaluate the skills, qualifications and performance of our healthcare providers that are taking care of you.
- Provide training programs for students, trainees, healthcare providers or non-health care professionals (such as billing clerks) that allow these professionals to use the skills they have learned.
- Cooperate with outside organizations that review and determine the quality of care that we provide.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Assist others who review our activities such as other healthcare providers, lawyers and others who assist us in complying with specific laws.
- Plan for our agency's future operations such as evaluating information about the number of clients that needed a particular service.
- Resolve grievances such as use of health information during an investigation.

## **Other Circumstances**

*PBJ Medical Associates, LLC* may use and/or disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;

- For public health activities. For example, we may disclose health information to public health authorities if you have a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk. If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your communicable disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director.
- Regarding abuse, neglect, or domestic violence.
- For law enforcement purposes unless otherwise prohibited by State or Federal law.
- For court proceedings such as court orders to appear in court with your health information.
- Related to death such as disclosures to a funeral director.
- Related to donation of tissues or organs.
- Related to medical research.
- To avert a serious threat to the health or safety of a person or the public.
- Related to specialized government activities such as national security.
- To correctional/custodial institutions or other law enforcement officials when you are in their custody.

### **Contacting You**

*PBJ Medical Associates, LLC* may use your health information to contact you to:

- Remind you of upcoming appointments. This agency may contact you through a telephone call about an appointment that you have for treatment or medical care.
- Make you aware of alternative treatment, services, products, or healthcare providers that may be of interest to you.

### **Use and Disclosure of Health Information That Allows You an Opportunity to Object**

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include disclosures to:

- Families, friends, or others involved in your care
- Public or private agencies

**Example:** We may share your health information with the American Red Cross for disaster relief purposes.

If you would like to object to disclosure of your health information in any of the above circumstances, please contact us at 1-800-485-7962.

## **Use and Disclosure of Health Information That Requires Your Authorization**

*PBJ Medical Associates, LLC* will not use or disclose your health information without your authorization except as specified in the above examples where use or disclosure of your information is allowed or when required by State or Federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows *PBJ Medical Associates, LLC* to share or request your health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be canceled by informing *PBJ Medical Associates LLC*, you do not want any additional health information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you canceled your authorization are legal and binding.

If you are a minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including; venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you have the right to authorize disclosure of your health information.

## **Your Rights Regarding Your Health Information**

You have the following rights regarding your health information as created and maintained by this agency.

### **Right to receive a copy of this *Notice***

You have a right to receive a copy of *PBJ Medical Associates, LLC's Notice of Privacy Practices*. At your first treatment encounter with this agency, you will be given a copy of this *Notice* and asked to sign acknowledgment that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been rendered.

In addition, copies of this *Notice* are available upon request or on our Internet web site at ([www.pbjmedical.com](http://www.pbjmedical.com)). You have the right to request a paper copy of this *Notice* at any time.

### **Right to request to see and copy your health information**

You have the right to request to see and receive a copy of your health information in clinical, billing, and other records that are used to make decisions about you. Your request must be in writing and forwarded to us. If your request is approved, you may be charged a fee to cover the cost of the copy, excluding labor costs.

Instead of providing you with a full copy of the health information, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of such information.

Your request may be denied under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial.

### **Right to request amendment of your health information**

You have the right to request changes in your health information in clinical, billing, and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to PBJ Medical Associates, LLC and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request.

We may deny your request if:

- the information was not created by this agency.
- the information is not part of the records used to make decisions about you.
- we believe the information is correct and complete.
- you do not have the right to see and copy the record.

If we deny your request to change your health information, we will tell you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial.

If we accept your request to change your health information, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

### **Right to request a listing of disclosures we have made**

You have the right to request and receive a written list of certain disclosures of your health information. You may ask for disclosures we made up to six years before your request if applicable. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This agency is not required to include on the list disclosures for the following:

- For your treatment.
- For billing and collection of payment for your treatment.
- For our healthcare operations.
- Requested by you, that you authorized, or which are made to individuals involved in your care; or
- Allowed by law.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost involved and

you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to request restrictions on uses and disclosures of your health information**

You have the right to request that we limit our use and disclosure of your health information for treatment, payment, and healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not use or disclose the information about a previous condition you had.

We are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You or your personal representative may cancel the restrictions at any time. In addition, this agency may cancel a restriction at any time, if we notify you of the cancellation.

### **Complaints**

If you believe your privacy rights have been violated by PBJ Medical Associates, LLC, or if you want to complain to us about our privacy practices, you may contact us at 1-800-485-7962. All complaints should be submitted in writing. Contact information is as follows:

*PBJ Medical Associates, LLC*  
628 Maitland Ave  
Altamonte Springs, FL 32701  
1-800-485-7962  
info@pbjmedical.com

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

**Office for Civil Rights**  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
**Voice Phone** (404) 562-7886

If you file a complaint, we will not take any action against you in any way.