

Your Rights Regarding Medical Information About You

In order to exercise your rights listed below, you must submit a request in writing to The Gastroenterology Group Attn: Medical Records at 100 E. Sybelia Ave., Suite 250, Maitland, FL 32751 • Telephone: 407-628-4949.

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of your medical information that may be used to make decisions about your care. If you request a copy of the information, we may charge a fee for processing your request. We may deny your request to inspect and copy in certain very limited circumstances.
- **Right to Amend** - If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. We may approve or deny your request for an amendment. If we deny your request, you will be provided with a written explanation of our reasons for the denial.
- **Right to an Accounting of Disclosures** - You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment or operations. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.
- **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 a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to approve your request.** If we do approve, we will comply with your request unless, for example, the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice** - You have the right to a paper copy of this Notice. You may ask us to provide a copy of this Notice at any time.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that we provided to you.

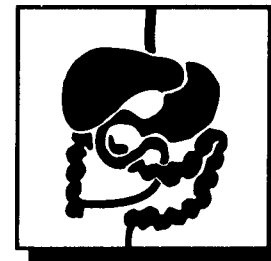
Changes to this Notice

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 about you as well as any information we receive in the future. We will post a copy of the current Notice in the office. The Notice will include the effective date on the first page, in the top right-hand corner.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with our office regarding your privacy rights, contact The Gastroenterology Group Medical Records Department at 407-628-4949. **You will not be penalized or retaliated against for filing a complaint.**

Effective 4/14/03



THE GASTROENTEROLOGY GROUP

DOUGLAS J. SPRUNG, M.D., F.A.C.G., F.A.C.P.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Medical Information

The Gastroenterology Group is committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4/14/03, and applies to all protected health information as defined by federal regulations. We are required by law to:

- Makes sure that medical information that identifies you is kept private;
- Gives you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

Understanding Your Medical Record/Information

Each time you visit our office we make a record of your visit. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health care professionals;
- A source of data for medical research;

- A source of information for public health officials charged with improving the health of this state and the nation;
- A source of data for our business planning and marketing; and,
- A tool with which we can assess and continually work to improve the quality of the care we render and the outcomes we achieve.

How We May Use and Disclose Medical Information About You

- **For Treatment** - We may use medical information about you to provide you with medical treatment or services. For example, we may disclose medical information about you to people outside our office who may be involved in your care after you leave the office, including third party physicians, hospitals, nursing homes, pharmacies or clinical labs with whom the office consults or takes referrals.
- **For Payment** - We may use and disclose medical information about you so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about procedures you received at the office so your health plan will pay us or reimburse you for the services.
- **For Health Care Operations** - We may use and disclose medical information about you for medical office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Appointment Reminders** - We may use and disclose medical information to contact you as a reminder that you have an appointment.
- **Treatment Alternatives** - We may use and disclose medical information to inform you of possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that interest you.

- **Individuals Involved in Your Care or Payment for Your Care** - We may release medical information about you to a family member or a friend who is involved in your medical care provided you have consented to such disclosure. We may also give information to someone who helps pay for your care.
- **As Required By Law** - We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Workers' Compensation** - We may disclose medical information to the extent authorized by and to the extent necessary to comply with workers' compensation laws.
- **Research** - With your authorization, we may disclose information to researchers when their research has been approved by an institutional review board that has established protocols to ensure the privacy of your medical information.
- **Health Oversight Activities** - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.
- **Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement** - We may disclose medical information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Coroners, Medical Examiners and Funeral Directors** - We may disclose medical information to a coroner, medical examiner or funeral director as necessary to carry out their duties.