

# JOHN S. GATEWOOD, MD, PA

## Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and your rights to this information. Please review carefully.

### How We May Use or Disclose Your Health Information

**For Treatment.** We may use or disclose your health information to provide you with medical treatment or services. For example, a healthcare provider, such as a physician, nurse, or other person providing health services to you, will record information in your medical record that is related to your treatment. This information is necessary for healthcare providers to determine what treatment you should receive. Healthcare providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

**For Payment.** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive, or as necessary for other providers or entities to obtain or provide payment for your treatment. This may include information that identifies you, your diagnosis and treatment or supplies used in the course of treatment.

**For Healthcare Operations.** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the healthcare we provide.

In addition, we may disclose your health information to other healthcare providers or entities for their operational purposes under limited circumstances and only if they have had a relationship with you to which your information pertains.

**Facility Directory.** Unless you notify us in writing that you object, we will post any communication via letter and/or photos that you send to the facility. This information is posted in the waiting area visible to all visitors.

**Appointment.** We may use your information to provide appointment reminders or health information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Required By Law.** We may use and disclose your health information as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence, and
- To assist law enforcement personnel in their law enforcement duties.

**Public Health.** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Decedents.** Your health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation.** If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

**Research.** We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Patient Education.** We may use your information to contact you about treatment options and other health-related topics. These include disease-management programs.

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

**Government Functions.** Your health information may be disclosed to specialized governmental functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**Workers Compensation.** Your health information may be used or disclosed in order to comply with laws and regulation related to Workers Compensation.

***Individuals Involved in Your Care or Payment for Your Care.*** We may release information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

***Military and Veterans.*** If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

## **Your Health Information Rights**

You have the right to

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, we are not required to agree to a requested restriction;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- Amend your health record as provided for in 45 CFR §164.526;
- Request communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- Receive an accounting of disclosures made of your health information as provided by 45 CFR §164.528.

This Notice also applies to the physicians who provide you with healthcare services at the facility. This Notice does not apply to the care received from physicians at their offices or other locations than this facility. Your physician may have his or her own policies and procedures regarding your health information. You should review your physician's notice for information on how your physician will handle your health information outside of our sites. References to "we", "us", or "our" throughout this Notice mean the entities described above.

We are committed to protecting the confidentiality of your health information. We use, disclose and also share amongst us health information about you as necessary for your treatment, to obtain payment for treatment, for our operational purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of this facility.

## **Our Obligations**

We are required to:

- Maintain the privacy of your protected health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms of this Notice; and
- Obtain your written authorization to use or disclose your health information for reasons that those listed above and permitted under law.

## **Complaints**

You may express your concerns to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. To file a complaint by mail, send it to the following address:

Privacy Officer: Tina O'Quinn  
John S. Gatewood, MD, PA  
316 53<sup>RD</sup> Ave E  
Bradenton, FL 34203