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SUMMARY OF NOTICE OF PRIVACY PRACTICES

This notice describes how 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, please contact our office at the above address.

This Practice's Legal Duty

This practice is required by law to maintain the privacy of protected health information, to provide individuals with a notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the information practices that are described in this Notice of Privacy Practices ("Notice"). This Notice will be provided to our patients no later than the date of the first service delivery, including service delivered electronically. We will post this Notice in a clear and prominent location where it will be accessible for you to read.

We may use and disclose health information for different reasons. For some of these uses or disclosures, we need your specific authorization. Below, are the different categories of uses and disclosures and some examples of each.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"

- *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your primary physician.

- *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- *Health Care Operations* are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- "Use" applies only to activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of the office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and

beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information.

The Practice's Responsibilities and Our Pledge To You

This organization is required by law to:

1. maintain the privacy of your health information;
2. provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
3. abide by the terms of this notice;
4. notify you if we are unable to agree to a requested restriction;
5. accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

Patient's Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Our Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise my policies and procedures, we will provide you with a revised notice.

Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact:

The Florida Center for Urogynecology
954-989-9998

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to:

Jennifer Pollak, MD, PA
4340 Sheridan St Suite 201
Hollywood, FL 33021

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2011. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice.