

# WEST COAST INFECTIOUS DISEASES, PA

## PATIENT NOTICE OF PRIVACY PRACTICES

**EFFECTIVE DATE: January 1, 2010, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE READ IT CAREFULLY**

This is your Notice of Privacy Practices from West Coast Infectious Diseases, PA. The Notice refers to West Coast Infectious Diseases, PA by using the terms “us”, “we,” or “our.” We are required by law to maintain the privacy of Personal Health Information. We are required to provide this Notice of Privacy Practices to you by the privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

This notice describes how we protect the Personal Health Information we have about you that relates to your medical information or Personal Health Information. Personal Health Information is medical and other information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. (The HIPAA law uses the term “protected health information” where we use “Personal Health Information.”)

This Notice of Privacy Practices describes how we may use and disclose to others your Personal Health Information to carry out payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your Personal Health Information. West Coast Infectious Diseases complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all Personal Health Information that we maintain at that time. This notice may also be revised if there is a material change to the uses or disclosures of Personal Health Information, your rights, our legal duties, or other privacy practices stated in this notice. Additionally, upon your request, we will provide you with any revised Notice of Privacy Practices by calling us at 727-669-6800 and requesting that a revised copy be sent to you in the mail.

### ***I. Your Rights Regarding Medical Information About You***

Your health record is the physical property of **West Coast Infectious Diseases, PA**. The information contained in the record, however, belongs to you. You have the right to:

- A. Request a restriction or limitation on the medical information we use or disclose about you for your treatment, payment or health care operations. For example, you may request that a particular visit be kept confidential and not shared with other providers. 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 or when we notify a family member, personal representative or other person responsible for your care to inform them of your location and general condition.
- B. We are not required to agree to your requested restrictions on uses or disclosures of your Personal Health Information to carry out treatment, payment or healthcare operations.
- C. If we agree to a restriction on uses or disclosures of your Personal Health Information to carry out treatment, payment, or healthcare operations, then we may not use or disclose Personal Health Information in violation of such restriction. However, if you are in need of emergency treatment and the restricted Personal Health Information is needed to provide the emergency treatment, we may disclose such information to a healthcare provider to provide such emergency treatment to you and we will request that such healthcare provider not further use or disclose your information.

- D. If we agree to a restriction, such restriction would not prevent uses or disclosures as follows:
- required by the U.S. Department of Health and Human Services to investigate or determine our compliance with the HIPAA privacy regulation; required by law; for public health activities; about victims of abuse, neglect, or domestic violence; for health oversight activities; for judicial and administrative proceedings; for law enforcement purposes; about decedents; for cadaveric organ, eye or tissue donation purposes; for research purposes; to avert a serious threat to health or safety; for specialized government functions; or for workers' compensation.
- E. If we agree to a restriction, we may terminate that agreement if: you agree to or request the termination in writing; you orally agree to the termination and the oral agreement is documented by us; or we inform you that we are terminating our agreement to a restriction, except that such termination is only effective with respect to Personal Health Information created or received after we have so informed you.

## **II. *Your Right to Receive Confidential Communications of Personal Health Information***

- A. We will accommodate any reasonable request you might make to receive communications of Personal Health Information from us by alternative means or at alternative locations, if you clearly inform us in writing that the disclosure of all or part of that Personal Health Information could endanger you.
- B. We require that you make a request for a confidential communication in writing and specify how or where you wish to be contacted.
- C. We may condition the provision of a reasonable accommodation on when appropriate, information as to how payment, if any, will be handled; and specification of an alternative address or other method of contact.
- D. You do not need to explain to us why you are requesting confidential communications.

## **III. *Your Right to Inspect and to Copy Personal Health Information***

- A. Right of Access – Except for conditions regarding “Unreviewable Grounds for Denial of Access” and “Reviewable Grounds for Denial of Access” listed below, you have the right of access to inspect and to obtain a copy of your Personal Health Information that we maintain in a Designated Record Set, for as long as the Personal Health Information is maintained in the Designated Record Set, except for psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We require you to make requests for access in writing.
- B. Unreviewable Grounds for Denial of Access – We may deny you access to your Personal Health Information without providing you an opportunity for review, in the following circumstances: The Personal Health Information is not something to which you have a right of access.
- C. The Personal Health Information is contained in records that are subject to the federal Privacy Act and your access to it may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.
- D. The Personal Health Information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access you requested would be reasonably likely to reveal the source of the information
- E. Reviewable Grounds for Denial of Access – We may deny you access to your Personal Health Information, provided that we give you the right to have such denials reviewed (as required by the Review of a Denial of Access procedures listed below) in the following circumstances:
- A licensed healthcare professional determines that the access you requested is reasonably likely to endanger the life or physical safety of you or another person.
  - The Personal Health Information makes reference to another person (unless such other person is a healthcare provider) and a licensed healthcare professional determines that the access you requested is reasonably likely to cause substantial harm to such other person; or

- The request for access is made by your personal representative and a licensed healthcare professional determines that the provision of access to such personal representative is reasonably likely to cause substantial harm to your or to another person.
- F. Review of a Denial of Access – If we deny you access to your Personal Health Information on a ground that qualifies as a Reviewable Ground for Denial of Access, you have the right to have the denial reviewed by a licensed healthcare professional who is designated by us to act as a reviewing official and who did not participate in the original decision to deny access. We will promptly provide written notice to you or to your personal representative (as applicable) of the determination of the designated reviewing official and we will carry out the designated reviewing official's determination.
- G. We Will Respond Promptly to Your Request for Access to Personal Health Information under the following conditions:
- If you request access to Personal Health Information that is not maintained by us or is not accessible to us on-site, we will, no later than 30 days from the receipt of your request, take one of the following actions:
  - If we grant your request we will inform you of our acceptance of your request and we will provide you the access requested in accordance with the Provision of Access requirements listed below.
  - If we deny your request we will provide you with a written denial in accordance with the Denial of Access requirements listed below.
  - If you request access to Personal Health Information that is maintained by us or is accessible to us on-site, we will act on such a request no later than 30 days after receiving your request as follows:
  - If we grant your request for access we will inform you of our acceptance of your request and provide the access requested in accordance with the Provision of Access requirements listed below.
  - If we deny your request we will provide you with a written denial in accordance with the Denial of Access requirements listed below.
- H. Provision of Access – If we provide you access to your Personal Health Information, we will do so by adhering to the following requirements:
- I. Providing the Access Requested. We will provide the access requested by you of the Personal Health Information we maintain about you in Designated Record Sets.

#### **IV. Form of Access Requested.**

- A. We will provide you with access to the Personal Health Information in the form you request, in a hard copy form or another form upon which we both agree.
- B. We may provide you with a summary of the Personal Health Information requested, in lieu of providing you access to your Personal Health Information or we may provide an explanation of the Personal Health Information to which access has been provided, if you agree in advance to such a summary or explanation and you agree in advance to the fees imposed, if any, by us for such summary or explanation.
- C. Manner of Access. We will arrange with you for a convenient time and place for you to inspect or to obtain a copy of your Personal Health Information, or we will mail a copy of the Personal Health Information at your request.
- D. Fees. If you request a copy of your Personal Health Information or agree to a summary or explanation of such information, we may impose a reasonable, cost-based fee.
- E. Denial of Access – If we deny you access, in whole or in part, to your Personal Health Information, we will do so only by adhering to the following requirements:
- F. To the extent possible, we will give you access to any other of your Personal Health Information requested, after excluding the Personal Health Information as to which we have a ground to deny you access.
- Provide you with a timely, written denial.
  - If we do not maintain the Personal Health Information that is the subject of your request for access, and we know where the requested information is maintained, we will inform you where to direct your request for access.

#### **V. Your Right to Amend Personal Health Information We Maintain About You**

- A. Right to Amend – You have the right to have us amend Personal Health Information or a Record about you maintained in a Designated Record Set for as long as we maintain the Personal Health Information in the Designated Record Set.
- B. Denial of Amendment – We may deny your request for amendment of Personal Health Information or a Record about you maintained in a Designated Record Set, if we determine that the Personal Health Information or Record that is the subject of the request:
  - Was not created by us, unless you provide us with a reasonable basis to believe that the originator of Personal Health Information
  - is no longer available to act on the requested amendment;
  - Is not part of the Designated Record Set;
  - Would not be available for inspection under the rights that the HIPPA privacy regulation gives to individuals to access Personal Health Information; or
  - Is accurate and complete.

**VI. Requests for Amendment and Timely Action**

- A. You may request that we amend your Personal Health Information that we maintain in a Designated Record Set. You must make such requests for amendments in writing and provide us with a reason that supports your proposed amendment.
- B. We will act on your request for an amendment no later than 60 days after receiving your request as follow:
  - If we grant your requested amendment we will make the amendment, inform you and inform certain others.
  - If we deny your requested amendment we will provide you with a timely written denial that uses plain language and contains the basis for the denial of an amendment. The denial notice will also include other information regarding future disclosures of your Personal Health Information and how you may disagree with or complain about our denial of your amendment.
  - If we are unable to act on your request to amend your Personal Health Information that we maintain in a Designated Record Set, within 60 days after receiving your request, we may take up to an additional 30 days to act on your request, by, within 60 days after receiving your request for an amendment, providing you with a written statement of the reasons for our delay in acting on your request and the date by which we will complete our action on your request.

**VII. Actions on Notices of Amendment**

- A. When we are informed by a healthcare provider, a healthcare clearinghouse or another health plan of an amendment to your Personal Health Information then we will amend your Personal Health Information that we maintain in a Designated Record Sets by, at a minimum, identifying the Records in the Designated Record Set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

**VIII. Your Right to Receive an Accounting of Our Disclosures of Your Personal Health Information**

- A. Right to an Accounting of Disclosures of Personal Health Information. You have the right to receive an accounting of Disclosures of Personal Health Information made by us in the 6 years before the date of your request for the accounting.
- B. Disclosures NOT required to be listed in the Accounting. The following are disclosures to which you do not have a right to an accounting and we will not include a listing of such disclosures to you.
  - Disclosures made to carry out our payment activities and purposes.
  - Disclosures made to carry out our healthcare operations activities and purposes.
  - Disclosures made by us for the treatment activities of a healthcare provider.
  - Disclosures made by us to a healthcare provider, a healthcare clearinghouse, or another health plan for the payment activities of the entity that receives the information.

- Disclosures made by us to a healthcare provider, a healthcare clearinghouse, or another health plan for certain healthcare operations activities of the entity that receives the information, if we and the entity receiving the information either has or had a relationship with you, the Personal Health Information pertains to such relationship, and the disclosure is for certain limited purposes.
- Disclosures of your Personal Health Information made to you.
- Disclosures made incident to a use or disclosure otherwise permitted or required by the HIPAA privacy regulation.
- Disclosures made pursuant to your authorization.
- Disclosures made pursuant to the HIPAA privacy regulation regarding those disclosures made to persons involved in your care or other notification purposes.
- Disclosures made for national security or intelligence purposes to authorized federal officials for the conduct of lawful national security activities.
- Certain disclosures made to correctional institutions or law enforcement officials having lawful custody of you or other Personal Health Information about you.
- Disclosures that are part of a Limited Data Set under the HIPAA privacy standards and implementation specifications regarding Limited Data Sets and Data Use Agreements.
- Disclosures that occurred before January 1, 2009.
- Under certain circumstances we are required to temporarily suspend your right to receive an accounting of the disclosures we made to a health oversight agency or law enforcement official.
- You have the right to request from us an Accounting of Disclosures for a period of time less than 6 years from the date of your request.
- Unless the disclosure is one that we are not required to list in the accounting, or you have requested a time period of less than 6 years, the written Accounting of Disclosures will include disclosures of your Personal Health Information that occurred during the 6 years before the date of your request for an Accounting, including disclosures to or by our Business Associates.

## ***IX. Provision of the Accounting of Disclosures of Your Personal Health***

- A. Information – Within 60 days after receiving your request for an Accounting of Disclosures of your Personal Health Information, we will provide you with such an accounting. If we are unable to provide an accounting of disclosures within the 60 day period, we may take an additional 30 days on which to provide the accounting by providing you, within 60 days after receiving your request for an accounting, a written statement of the reasons for our delay and the date by which we will provide to you an Accounting of Disclosures of your Personal Health Information.
- B. Fees for an Accounting – The first accounting of disclosures that you request within any 12 month period will be provided to you by us at no charge. For any additional accountings of disclosures that you make within a 12 month period we will charge you a reasonable, cost-based fee. We will notify you in advance of this fee, and you will have the opportunity to withdraw or modify your request for a subsequent accounting of disclosures of your Personal Health Information in order to avoid or reduce the fee.
- C. Your Right to Receive a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. At least once every three (3) years, we will notify all Updated individuals covered by our plan of the availability our Notice of Privacy Practices and how to obtain the notice.
- D. Your Right to File a Complaint. If you think that we have violated your privacy rights, you have the right to file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact: Privacy Officer, WCID, 1840 Mease Drive, Suite 319, Safety Harbor, FL 34695. All complaints must be submitted to us in writing. We will not penalize you nor will we retaliate against you for filing a complaint.
- E. Contact Information. For further information about matters covered by this notice please contact Privacy Officer at 727-669-6800
- F. Effective Date. This notice was published and becomes effective on January 1, 2007

## **X. Omnibus Final Rule**

- A. Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information technology for Economic and Clinical Health (HITECH) Act, are as follows:
  - You have the right to be notified of a data breach.
  - You have the right to ask for a copy of your electronic medical record in an electronic form.
  - You have the right to opt out of fundraising communications from JFS, and JFS cannot sell your health information without your permission.
- B. Certain uses of your medical data, such as use of patient information in marketing, require prior disclosure and your authorization. Uses and disclosures not described in this notice will be made only with your authorization.
- C. If you pay in cash in full (out of pocket) for your treatment, you can instruct West Coast Infectious Diseases, PA not to share information about your treatment with your health plan.

## **XI. Our Responsibilities Regarding Your Medical Information**

We are required by law to:

- A. Maintain the privacy of your health information.
- B. Provide you with this Notice, which describes our legal duties and privacy practices with respect to information we collect about you and a revised copy of the Notice if it is amended or otherwise changes.
- C. Abide by the terms of this Notice.
- D. Notify you if we are unable to agree to a requested restriction.
- E. Accommodate reasonable requests that you have made to have us communicate your health information to you in a certain way or at a certain location.

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE. We reserve the right to make the revised and changed notice effective for medical information that 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 contain the effective date on the first page.

## **XII. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

Each time you visit us, a record of your visit is made. We may use or disclose the health information contained in this record to certain employees and staff members of the office or certain persons or entities outside the office in certain situations without first obtaining your authorization. The following categories describe the different ways that we may use and disclose your medical information. We must obtain your prior written authorization before using or disclosing your medical information in all other situations which are not listed below.

- A. **Treatment.** We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, or other office personnel who are involved in taking care of you at the office. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. Members of your health care team will then record the actions that they took and their observations. By reading your medical record, the physician will know how you are responding to treatment.
- B. **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the office may be billed to and payment may be collected from you, an insurance company, or third party. For example, we may need to give your insurance company information about your visit and care that you received at the office so that the insurance company will pay us or reimburse you for the visit.
- C. **Health Care Operations.** We may use and disclose Personal Health Information about you for our health plan and insurance operations. For example we may use Personal Health Information to conduct quality assessment and improvement activities. We may also use or disclose Personal Health Information to review the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan

performance, training of non-healthcare professionals, accreditation, certification, licensing, or credentialing activities. We may also use or disclose Personal Health Information for purposes of underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for healthcare provided that if we receive Personal Health Information for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and if such health insurance or health benefits are not placed with us, we may not use or disclose such Personal Health Information for any other purpose, except as may be required by law. We may also use or disclose Personal Health Information to conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs. We may also use or disclose Personal Health Information for business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating an entity. We may also use and disclose Personal Health Information for the business management and general administrative activities of our entity (to the extent that such activities relate to functions that are covered under the federal HIPAA privacy laws.)

- D. **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the office.
- E. **Treatment Alternatives.** We may use and disclose medical information about you to contact you about or recommend possible treatment options or alternatives that may be of interest to you.
- F. **Health-Related Benefits and Services.** We may use and disclose your medical information to inform you about health-related benefits or services that may be of interest to you.
- G. **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. We must inform you that we are going to use or disclose your information for this purpose and provide you with an opportunity to agree to, restrict or object to the disclosure or use.
- H. **Notification.** We may use or disclose your medical information to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location and general condition. We must inform you that we are going to use or disclose your information for this purpose and provide you with an opportunity to agree to, restrict or object to the disclosure or use.
- I. **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- J. **Avert 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 or safety or the health or safety of the public or another person. The office, however, will only disclose the information to someone able to help prevent the threat.
- K. **Organ and Tissue Donation.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- L. **Business Associates.** Some of the services provided at the office are provided by business associates. For example, we contract with certain laboratories to perform lab tests. When we contract for these services, we may disclose your health information to our business associates so that they can perform the job we have hired them to do. To protect your health information, we require our business associates to appropriately safeguard your information.
- M. **Workers' Compensation.** We may release medical information about you to the extent authorized by and to the extent necessary to comply with the laws relating to workers' compensation or other similar programs established by law.
- N. **Public Health Risks.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- O. **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 and disciplinary action that are necessary for the government to monitor the office, government programs, and compliance with civil rights laws.

- P. **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. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Q. **Law Enforcement.** We may disclose health information for law enforcement purposes as Privacy Notice required by law or in response to a valid subpoena.
- R. **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner for purposes of identifying a deceased, determining a cause of death, or other duties authorized by law. We may also disclose health information to funeral directors consistent with applicable law to carry out their duties.
- S. **HIPAA.** The law requires us to disclose your Personal Health Information when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA privacy regulation.
- T. **Food and Drug Administration.** We may disclose to the FDA health information related to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information or to enable product recalls, repairs, or replacement.
- U. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
- V. **Victims of Abuse, Neglect or Domestic Violence.** We may release medical information to a government authority if we reasonably believe that you are a victim of abuse, neglect or domestic violence, to the extent authorized or required by law. We must inform you or your personal representative that we have disclosed information for this purpose unless we believe that telling you or your personal representative would place you in risk of serious harm or otherwise not be in your best interest.
- W. **Child Abuse.** We may release medical information to a government authority authorized by law to receive reports of child abuse or neglect.
- X. **How else can we use or share your health information:** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).
- Y. **Special Notices:** We do not maintain Hospital Directories in this office. We require two signatures for the release of any sensitive medical data, including but not limited to the HIV, AIDS, Mental Health or drug or alcohol treatment. We do provide and receive electronic records from other Healthcare entities through Direct Mail or the Blue Button protocol. This process is through a secure third party vendor who receives medical records electronically from one Healthcare provider and then sends them to another intended provider who is providing care in the patient's treatment.

#### IV. 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 upon a specific written authorization that you provide to us. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. The revocation, however, will not have any effect on any action the office took before it received the revocation.

#### V. "RED FLAG" IDENTITY THEFT PREVENTION PROGRAM

- A. **West Coast Infectious Diseases, PA** will take all steps possible to prevent fraud and protect your identity. The staff are trained on preventing "Identity Theft" and to recognize any "Red Flag", pattern or practice, or specific activity that indicates the possible existence of Identity Theft.



- B. To comply with these practices and to facilitate detection of the Red Flags, **West Coast Infectious Diseases, PA** policy is to require identifying information including but not limited to the following information, Full name (including middle initials), date of birth, address, and government issued PHOTO ID (such as a driver's license). If insurance information exists then an insurance verification process will be followed.
- C. The staff of **West Coast Infectious Diseases, PA** is required to stop the registration, check-in or billing process if any red flag occurs. They are required to seek additional satisfactory information to verify identity if there are any, but not limited to the following flags; suspicious documents, suspicious personal identifying information, suspicious or unusual use of covered amount, and or alerts from others (i.e. Customer, Identity Theft Victim or Law Enforcement).
- D. All complaints or possible detection of Identity Theft will be thoroughly investigated, and if positive identification and verification of Identity Theft has been determine, continued treatment may be terminated and possible report of this fraud to a law enforcement agency may occur as appropriate.

## **VI. QUESTIONS OR COMPLAINTS**

If you have questions and would like additional information, you may contact our **Privacy Office, at 727-669-6800, or email [privacyofficer@westcoastid.com](mailto:privacyofficer@westcoastid.com) or mail to 1840 Mease Drive, Ste 319, Safety Harbor, FL 34695.**

If you believe your privacy rights have been violated, you can submit a written complaint describing the circumstances surrounding the violation to our **Privacy Office, at, 727-669-6800 or email [privacyofficer@westcoastid.com](mailto:privacyofficer@westcoastid.com) or mail to 1840 Mease Drive, Ste 319, Safety Harbor, FL 34695** or to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to, 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You alerting us of any concerns you have is a necessary part of a continuous quality process we employ. You in no way will, be retaliated against or penalized for filling a complaint.

## **VIII. THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS.**

West Coast Infectious Diseases, PA, and West Coast Travel Medicine Consultants, LLC  
We also have an affiliation with Baycare Accountable Care Organization that we will share medical information for treatment, payment and operations.



# WEST COAST INFECTIOUS DISEASES

Brent W. Laartz, MD  
Todd M. Groom, PhD, MD  
Lily N. Jones, DO

Arnoldo A. Gonzalez, MD  
Jennifer Patterson, DO

Pamela Sherwood, APRN  
James Desmarais, APRN

Patient: \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT RECEIPT

The Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. I acknowledge that I have received the Notice of Privacy Practices. West Coast Infectious Diseases complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

\_\_\_\_\_  
Signature of Patient or Patient’s Representative                      Date

\_\_\_\_\_  
Print Name    Relationship to Patient

Interpreter (if applicable)

\_\_\_\_\_

### (FOR OFFICE USE ONLY)

Please document your efforts to obtain acknowledgement and reason it was obtained or not obtained.

- Notice of Privacy Practices Given – Patient Able to Sign
- Notice of Privacy Practices Given – Patient Unable to Sign
- Notice of Privacy Practices Given – Patient Declined to Sign
- Notice of Privacy Practices and Acknowledgement Mailed to Patient
- Other Reason Patient Did Not Sign \_\_\_\_\_

\_\_\_\_\_  
Signature of Office Representative                      Date