

STEVEN KANFER, M.D.
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

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.

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we created and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of Uses of Your Health Information for Treatment Purposes are:

- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of Use of Your Health Information for Payment Purposes:

The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given if you request that we do so as this office does not submit insurance claims on your behalf.

Example of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office – we are not required to grant the request, but we will comply with any request granted.
- Obtain a paper copy of the current Notice of privacy Practices for Protected Health Information (“Notice”) by making a request at our office.
- Request that you be allowed to inspect and obtain a copy of your health record and billing record. You may exercise this right by delivering the request to our office and completed the appropriate Authorization to Release Private Healthcare Information. If you request copies of your records you will be charged the reasonable and customary fee for each page copied. If you request that your records be mailed you will be charged for postage.
- Appeal a denial of access to your protected health information, except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request in writing to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the office;
 - Is not part of the information that you would be permitted to inspect or copy; or,
 - Is accurate and completeIf your request is denied, you will be informed of the reason for the denial and will have an opportunity submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.

- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or uses or disclosures to notify family or others responsible for your care of your locations, condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact Steven Kanfer, M. D. at 3502 Henderson Blvd., Suite 302, Tampa, FL 33609, (813) 250-0224, in person or in writing, during regular, business hours. He will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the office of Steven Kanfer, M.D.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Steven Kanfer, M.D. You may also file a complaint by calling, mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address and phone number is 200 Independence Ave SW, Washington D.C., 20201 1 877 696 6775.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from this office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment of such care if you do not object or in an emergency.

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other persons responsible for your care, about your location, and about your general condition, or your death.

Disaster Relief

We may use and disclose your protected health information to assist in disaster relief efforts.

Organ Procurement Organizations

Consistent with applicable laws, we may disclose your protected 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.

Food and Drug Administration (FDA)

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Worker's Compensation

If you are seeking compensation through Workers compensation, we may disclose your protected health information to the extent necessary to comply with law relating to Workers Compensation.

Public Health

As authorized by law, we may disclose your protected health information to public health or legal authorities charge with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse, Neglect and Domestic Violence

We may disclose your protected health information to public authorities as allowed by law (Florida statute 415.504, and Florida statute 415.103) to report abuse, neglect or domestic violence. We will try to tell you about this before we release your information for these purposes, but in some cases we need to act without getting your permission.

Employers

We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

If you are an inmate of a correctional institution we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious imminent threat to the health or safety of a person to the public or themselves according to Florida Statute 491.

For Specialized Governmental Functions

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Coroners, Medical Examiners, and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example to identify a deceased person or determine the cause of death. We may also release health information about patients of covered Entities to funeral directors as necessary for them to carry out their duties.

Special Protections for Mental Health, Substance Abuse or HIV Information

Special privacy protections may apply to mental health, substance abuse or AIDS/HIV related information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your records involve such information, the information will be handled, used and disclosed only as permitted by law.

Other Uses

Other uses and disclosures, besides those identified in this Notice will be made only as otherwise required by law or with written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Effective Date: July 1 2003

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Provider's Notice of Privacy Practices with the effective date of _____

Signature of Patient/Patient Representative

Date

Relationship to Patient

Documentation of Good Faith Efforts
To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices

For use when acknowledgement cannot be obtained from the patient.

Patient Name: _____

The patient presented to the office on _____ and was provided with a copy of Covered Entity's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such

- Patient refused to sign.
- Patient was unable to sign because:

- The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other reason (describe below):

Signature of Employee completing Form: _____