Access Family Care, LLC
Tazeen Zaidi, MD — Family Medicine

712 W 25th St, Sanford, FL 32771
Phone (407) 402-2303 • Fax (407) 322-6341
accessfamilycarefl@gmail.com

Notice of Privacy Practices

Effective Date: [PRACTICE TO SPECIFY]

> **Please Note: This notice is yours to keep. If you complete the Acknowledgment of Receipt on the last page, please print it, sign it, and bring the signed page to your appointment. Do not return it by email or upload it online.**

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.

Access Family Care, LLC ("we," "us," or "our practice") is required by law to maintain the privacy of your protected health information (PHI), to provide you with this notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI. We are required to abide by the terms of the notice currently in effect.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request.
- Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.
- Request confidential communications. You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address, and we will consider all reasonable requests.
- Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- Get a list of those with whom we've shared information. You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- File a complaint if you feel your rights are violated. You can file a complaint with our Privacy Officer at the address on this notice, or with 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, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

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YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to: share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; or include your information in a hospital directory. If you are not able to tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest.
- In these cases we never share your information unless you give us written permission: marketing purposes; sale of your information; and most sharing of psychotherapy notes.
- In the case of substance use disorder treatment records protected under 42 CFR Part 2 (for example, records related to Suboxone or other medication-assisted treatment), we will not disclose these records except with your specific written consent, or as otherwise permitted by federal law. See the additional notice on the following page regarding Part 2 records.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- Treat you: We can use your health information and share it with other professionals who are treating you.
- Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.
- Public health and safety: We can share health information about you for certain situations such as preventing disease, reporting abuse or neglect, and preventing serious threats to health or safety.
- Research: We can use or share your information for health research, subject to applicable safeguards.
- Comply with the law: We will share information about you if state or federal laws require it, including reporting to the U.S. Department of Health and Human Services if we believe we've violated federal privacy law.
- Respond to organ and tissue donation requests / work with a medical examiner or funeral director: We can share health information about you for these purposes.
- Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you for workers' compensation claims, for law enforcement purposes, or with health oversight agencies for activities authorized by law.
- Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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SUBSTANCE USE DISORDER RECORDS — 42 CFR PART 2 NOTICE

Because Access Family Care, LLC provides certain substance use disorder treatment services (including medication-assisted treatment such as Suboxone), records related to that treatment may be protected by an additional federal law, 42 CFR Part 2, as well as HIPAA. These records receive greater protection than most other health information.

- Any disclosure you consent to must be in writing and must specify what will be disclosed, to whom, and for how long the consent is valid.
- Federal law prohibits the recipient of Part 2 records from making any further disclosure of this information unless further disclosure is expressly permitted by your written consent or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical information is NOT sufficient for this purpose.
- Information related to your substance use disorder diagnosis or treatment may not be used against you in any civil, criminal, administrative, or legislative proceeding, unless you have consented in writing, a court order has been obtained, or another specific exception under 42 CFR Part 2 applies.
- You have the right to opt out of having your Part 2 records used for fundraising communications from our practice.
- Violation of Part 2 by a program is a federal crime, and suspected violations may be reported to the U.S. Attorney in the district where the violation occurs.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website (if applicable).

CONTACT INFORMATION

Privacy Officer, Access Family Care, LLC, 712 W 25th St, Sanford, FL 32771, (407) 402-2303.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

My signature below acknowledges that I have received, or have been offered, a copy of Access Family Care, LLC's Notice of Privacy Practices, which describes how my health information may be used and disclosed.

Patient Name (Printed) *

Date of Birth *

Signature *

Date *

GOOD FAITH EFFORT (FOR OFFICE USE ONLY)

Complete this section only if the patient did not sign the acknowledgment above.

- ☐ Patient declined to sign the acknowledgment
- ☐ Acknowledgment could not be obtained for the following reason:

Reason

Staff Member Name (Printed)

Date

Staff Signature