NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 2025

IMPORTANT INFORMATION ON YOUR PRIVACY RIGHTS

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.

1. Our Commitment to Your Privacy

Florida Neurology Group, P.L. respects your privacy and is committed to protecting the privacy and security of your health information. This Notice of Privacy Practices (NPP) describes how we may use and disclose your protected health information (PHI) and your privacy rights per HIPAA regulations.

- **We follow federal privacy regulations including**:
  - HIPAA Privacy Rule (45 C.F.R. Parts 160 and 164).
  - 42 C.F.R. Part 2 (for certain substance use disorder treatment information).
  - Any additional rules or guidance from HHS.
- **"Protected Health Information (PHI)"** includes any information about your health, health care services you receive, or payment for those services that could identify you.

If you have questions about this Notice please contact our Privacy Officer:
Privacy Officer Contact: Patti Kelly **Phone**: 239-936-3554

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2. Our Legal Duties

1. **Maintain the Privacy of Your Health Information**
   We are legally required to maintain the privacy and confidentiality of your PHI and to follow the duties and privacy practices described in this Notice (subject to changes in the law).
2. **Provide This Notice**
   We must give you this Notice describing our legal duties, privacy practices, and your rights regarding your PHI.
3. **Abide by the Terms**
   We are required to abide by the terms currently in effect. However, we may change our privacy practices and the terms of this Notice at any time, as permitted by law or to reflect changes in regulations.
4. **Notify You of Changes**
   If we make a material change to our privacy practices, we will promptly post the updated Notice on our website and make it available upon request. The new Notice will apply to all PHI we maintain at the time of the change and thereafter.

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3. How We May Use and Disclose Your Health Information

The following categories describe **different ways** we may use and disclose your PHI. In many situations, we will **obtain your written permission** before using or disclosing the most sensitive types of information (e.g., certain reproductive health or substance use disorder information). Where permission is **not** required by law, we adhere to the privacy regulations and ethical standards described below.

A. Treatment, Payment, and Health Care Operations

1. **Treatment**
   We may use or share your PHI with health care providers who are involved in your care to provide, coordinate, or manage your health care services. Information Blocking regulations require our office to promptly share your health information contained in a designated record set with other providers for Continuity of Care purposes.
   - **Example**: Sharing relevant PHI with a specialist or pharmacist to coordinate prescriptions.
2. **Payment**
   We may use or disclose your PHI to bill and receive payment from health plans or other entities, or to determine eligibility for health benefits. This includes providing information to banks or credit card vendors for disputed claims.
   - **Example**: Sending a claim to your insurance provider for services rendered.
3. **Health Care Operations**
   We may use or disclose your PHI for operational purposes, such as conducting quality assessments, audits, training, or compliance reviews.

B. Substance Use Disorder Information (42 C.F.R. Part 2)

Substance Use Disorder (SUD) Treatment Information is often subject to stricter federal protections under 42 C.F.R. Part 2. The **CARES Act** and subsequent rulemaking (including recent NPRMs) aim to align these protections more closely with HIPAA. We may not disclose your Part 2-protected SUD records without your **written consent**, except in certain limited circumstances permitted by law (e.g., a medical emergency).

- **One-Time Patient Consent**: Consistent with evolving federal regulations, you may grant a one-time written consent allowing your SUD information to be used or disclosed for treatment, payment, and health care operations purposes. Unless otherwise specified, once disclosed in compliance with your consent, redisclosures by recipients generally are protected under HIPAA's Privacy Rule.
- **Redisclosure Notification**: If your SUD records are disclosed pursuant to consent or in an emergency, the recipient is **prohibited** from redisclosing this information without your permission (unless further disclosure is permitted by law or regulation).

C. Reproductive Health Information

Based on recent federal guidance and proposed rules aimed at protecting reproductive health services:

- **Heightened Privacy**: We will **not** disclose your PHI related to reproductive health services (e.g., pregnancy-related care, contraception, family planning, abortion services, or other related care) to **law enforcement** or investigative bodies **without your written authorization, unless** required by law or in response to a valid court order. HIPAA does allow for us to disclose to law enforcement and or investigative bodies with a valid Attestation that they health information will not be used against the patient.

- **Right to Confidential Communication**: You may request receiving communications about your reproductive health care through an alternative channel (e.g., different mailing address, phone number, or email).
- **Prohibited Disclosures**: We will deny or limit disclosure requests for reproductive health PHI if those requests conflict with federal privacy standards or could be used to investigate or prosecute lawful reproductive health activities.

D. Permitted or Required Uses and Disclosures		
Treat you	Do research	Comply with the law
Run our organization	Respond to tissue and organ donation requests	Work with a medical examiner or funeral director
Bill for your services	Help with public health and safety issues	

1. **Business Associates**
   We may share your PHI with third parties who perform services on our behalf (e.g., billing services, data storage vendors), provided they agree to safeguard your information under a Business Associate Agreement.
2. **Notification and Communication with Family**
   We may share limited PHI with a family member, personal representative, or close friend involved in your care or payment for care, **unless** you object. This does **not** apply to sensitive services (e.g., SUD or reproductive health information) **without specific consent**, except in emergencies or if otherwise required by law.
3. **Health Oversight Activities**
   We may disclose PHI to a health oversight agency for audits, inspections, or investigations. We will limit disclosures of reproductive health or SUD information to what is **legally required.**
4. **Required by Law**
   We may disclose PHI when we are required to do so by federal, state, or local law. This includes compliance with statutes, court orders, or regulations. Any disclosure regarding **reproductive health or SUD** data will be limited to the minimum information required to comply with such law or order. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're comply-ing with federal privacy law.
5. **Lawsuits and Disputes**
   We may disclose PHI in response to a court or administrative order, or under certain conditions in response to a subpoena. Again, additional protections apply to **SUD** and **reproductive health** data.
6. **Research**
   Under certain circumstances, we may use or disclose PHI for research purposes, subject to a special approval process or your explicit authorization when required, particularly for sensitive health categories.
7. **Organ and Tissue Donation**
   We may disclose PHI to organ procurement organizations to facilitate organ or tissue donation and transplantation if you are an eligible donor.
8. **Deceased Person Information**
   We may release your health information to coroners, medical examiners and funeral directors. We will also honor requests by family members that were involved in your care before your passing. We will also maintain your prior objections on releasing your health information to individuals.
9. **Specific Government Functions**
   We may share your health information for military or national security purposes or in certain cases if you are in law enforcement custody.

10. **Appointment Reminders and Health-Related Benefits**
    We may use your PHI to contact you to provide appointment reminders or give you information about other treatments or health related benefits and services that may be of interest to you.
11. **Fundraising, Marketing and the Sale of PHI**
    We may contact you to participate in fundraising activities. You have a right to opt out of receiving such fundraising communications. We will not sell your PHI or use or disclose it for marketing purposes without your specific permission.
12. **Organized-Health Care Arrangement**
    We participate in an Organized Health Care Arrangement. Information may be shared as necessary to carry out treatment, payment and health care operations. Physicians not employed by our practice may have access to PHI in their offices to assist in reviewing past treatment as it may affect treatment at the time. These physicians may have different policies or notices regarding the physician's use and disclosure of your health information created in their office or clinic.
13. **Affiliated Covered Entity**
    PHI may be made available to staff at local affiliated entities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to PHI at their locations to assist in reviewing past treatment information as it may affect treatment at this time. You may contact the Privacy Officer for more information on specific sites included in this affiliated covered entity.
14. **Electronic Exchange**
    Your information may be shared w/ other providers, labs and radiology groups through our EHR system as listed:
    None
15. **Treatment of Sensitive Information**
    Psychotherapy notes and diagnostic and therapeutic information regarding mental health, drug/alcohol abuse or sexually transmitted diseases (including HIV status) will not be disclosed without your specific permission, unless required or permitted by law.
16. **Workers' Compensation**
    We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws or other programs providing benefits for work-related injuries.
17. **Public Health and Safety**
    We may disclose PHI to avert a serious and imminent threat to public health or safety, or to report certain public health activities (e.g., disease reporting). However, for **reproductive health or SUD information**, stricter disclosure limitations apply.We can share health information about you for certain situations such as:

    • Preventing disease • Preventing or reducing a serious threat to anyone's health or safety
    • Helping with product recalls • Reporting suspected abuse, neglect, or domestic violence
    • Reporting adverse reactions to medications • Do research • Comply with the law
    • Respond to organ and tissue donation requests • Work with a medical examiner or funeral director.

Cases We Never Share Your Information Unless You Give Us Written Permission:

- Marketing purposes • Sale of your information
- Sharing of "psychotherapy" notes as defined in the HIPAA Regulations.

4. Your Rights Regarding Your Health Information

You have the following rights under HIPAA and relevant federal regulations. For certain rights, you must **submit a written request** to our Privacy Officer.

1. **You Have the Right to Request a Limit on Certain Uses and Releases of Your Health Information.**
   You may ask us **not** to use or disclose certain PHI, including **reproductive health** and **SUD** data. We will do our best to accommodate reasonable requests but are not always legally required to agree. However, if the disclosure is for **payment or health care operations** and you have already paid out-of-pocket in full for the specific service, we must agree to your request to restrict disclosures to a health plan for that service, unless the disclosure is required by law.
   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
   If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
2. **Right to Confidential Communications.**
   You may request that we communicate with you in a certain way (e.g., to a private phone number or alternate mailing address) or about certain information (such as sensitive reproductive health or SUD data). We will accommodate all reasonable requests.
3. **Right to To Get Electronic or Paper Copy of Your Medical Records & to Access Them Directly. We Are Allowed to Charge a Reasonable Fee Based on Our Costs.**
   These requests must be in writing. You may request copies of your records from your provider. If your records are maintained in an electronic format, you have the right to obtain an electronic copy of your records. State law may restrict access for behavioral health patients. You have the right to inspect and obtain a copy of your health records, including electronic records. This includes records protected by 42 C.F.R. Part 2, unless restricted by law. We may deny your request in limited circumstances but will provide a reason. If denied, you may request a review of the decision. Psychotherapy Notes have special HIPAA protections and are not available to patients.
4. **Right to Choose How You Receive Your Health Information**
   You have the right to ask that we send information to you at an alternative address or by other means (for example, telephone instead of mail, post office box instead of home address). We must agree to your request as long as we can easily provide it in the format you requested. These requests must be in writing.
5. **Right to Amend - You Have a Right to Request That We Correct or Update Information That is Incorrect or Incomplete.**
   If you feel the information we have about you is incorrect or incomplete, you may request that we amend your record. We may deny your request if the information was not created by us or if we believe it is accurate and complete.
6. **Right to an Accounting of Disclosures - A List Of Those With Whom We've Shared Your Information**
   You may request a list (accounting) of certain disclosures of your PHI we made in the past six (6) years. This accounting excludes disclosures made for treatment, payment, or health care operations, or those you explicitly authorized. Under proposed rule changes, you may also receive information on certain disclosures of **reproductive health** or **SUD** data if they were made without your authorization.

7. **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. We will ensure the person has this authority before we take any action.
8. **Right to a Paper Copy of This Notice**
   You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to Receive Notice of a Breach
In the event of a **breach** (impermissible use or disclosure) that compromises the privacy or security of your unsecured PHI—including **SUD** records or **reproductive health** information—we will notify you in a timely manner, consistent with federal and state breach notification regulations. in the event of a breach or other required notification, the practice may notify the patient by email.

Our Practice May Notify You of a Breach by Email Notification.
There are risks that email may not be as private as a sealed first-class letter and therefore you always have the right to opt-out of email or text notifications from our practice.

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5. Changes to This Notice

We reserve the right to change the terms of this Notice and our privacy practices at any time, as permitted by law and regulation (including final rules published in 2023–2024 that might modify reproductive health or SUD disclosure standards). Any material changes will apply to all PHI we maintain. The current version of this Notice will be available on our website and at our facilities.

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6. You Have A Right to File A Complaint If You Feel Your Privacy Has Been Violated

If you have questions about this Notice, or if you believe your privacy rights have been violated, contact:

Privacy Officer:	Patti Kelly		
Address:	12670 Whitehall Dr., Fort Myers, FL 33907	Phone:	239-936-3554

You also have the right to file a complaint with the **Secretary of the U.S. Department of Health & Human Services (HHS)** by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or visiting http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html., or by calling 1-877-696-6775.

We will **not** retaliate against you for filing a complaint.

Incidental Disclosures
We make reasonable efforts to avoid incidental disclosures of your PHI. An example of an incidental disclosure is conversations that may be overheard between you and our team members.

7. Additional Information About NPRM Impact

Recent **Notices of Proposed Rulemaking (NPRMs)** (2022–2024) might further enhance patient rights and limit the use/disclosure of specific sensitive PHI categories, including but not limited to:

- **Reproductive Health**: Proposed rules preventing disclosures for investigations or prosecutions related to lawful reproductive services.
- **SUD Information**: Continued alignment with HIPAA, expanded opportunities for one-time consent, and integrated breach notifications.
- **Right of Access and Care Coordination**: Potential shorter response times, expanded rights to direct copies of PHI to third parties, and streamlined uses/disclosures for care coordination.

We will incorporate any **final** rule changes into our privacy practices and update this Notice accordingly.

ACKNOWLEDGMENT OF RECEIPT

You will be asked to sign or acknowledge that you received this Notice. This acknowledgment is a standard procedure and does **not** indicate that you have agreed to any special uses or disclosures of your PHI. If you refuse to sign, we will still provide you with necessary treatment and services, but we are legally required to document that you received or had the opportunity to receive this Notice.

Thank you for taking the time to read our Notice of Privacy Practices. Protecting your personal health information is a top priority. If you have any questions or concerns, please contact our Privacy Officer at the contact information above.