

WESTCHASE GASTROENTEROLOGY

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Notice of Privacy Practices

At Westchase Gastroenterology, we are dedicated to maintaining the privacy of your protected health information (PHI). As we treat you and provide our services, we will create records pertaining to the treatment and services that you receive by our physicians and staff. It is our responsibility, by law, to keep your protected health information confidential and provide you with this Notice of Privacy Practices, in which we will further explain how we may use and disclose your protected health information, and we will explain your rights pertaining to your protected health information. Please note, we reserve the right to revise or amend this Notice of Privacy Practices at any time, and any changes will take effect on all existing and future records.

Use and Disclosure of Your Protected Health Information (PHI)

The physicians and staff at Westchase Gastroenterology are dedicated to maintaining confidentiality of your PHI. Your protected health information may be used for purposes of treatment, payment, and healthcare operations.

Treatment/Healthcare Operations: To provide you with optimal healthcare services, doctor-to-doctor communication is essential. We may use your PHI to send medical records to your primary care physician and/or other requesting providers also treating you. We may disclose your PHI to pharmacies in order to dispense medications ordered by our physicians, or we may share this information with laboratories and diagnostic imaging centers to retrieve test results/imaging ordered by our physicians or request previous test results/imaging ordered by another practitioner, as this information is vital to develop an accurate diagnosis. We may disclose your PHI to medical facilities (hospitals, in/outpatient surgical facilities, etc.) in which our physicians perform consultations and diagnostic procedures with anesthesia. Our office staff and physicians may disclose your PHI to treat you, or to assist others in the process of your treatment. We may disclose your PHI to conduct business affairs in terms of cost-management and planning. We may disclose your PHI to your insurance company for medical coding, billing, reimbursement, and other financial inquiries.

Business Associates: It may be necessary for us to disclose your PHI to certain entities or individuals that assist our physicians and staff in the course of your treatment for purposes such as auditing, accreditation, legal and financial services.

Appointment Reminders/Services: We may use your PHI contact you to remind you of an appointment, to provide you about treatment alternatives, or other health-related benefits/services that may be of interest to you.

Disclosures Required By Law: Our practice will use and disclose your PHI as seen necessary to an attorney, or when we are required to do so by federal or state law.

Use/Disclosure of PHI *without* Prior Consent

We may use/disclose your PHI to health authorities in certain cases without prior consent under the following (but not limited to) circumstances:

Required by Law: If we suspect child abuse/neglect, criminal activity, abuse/neglect of an adult patient or in response to a court order or as required by law.

Deceased Patients: If the patient is deceased, we may be required to disclose PHI to coroners and/or funeral directors in accordance with the law.

Health Oversight Activities: Our practice may use and disclose your PHI to a Health Oversight Agency for necessary licensure, audits, research studies, etc. as authorized by the law.

Public Health Risks: If your health puts others at risk (controlling/preventing disease, injury, or disability).

Government Functions: If you are a member of the military/armed forces, we may release your PHI for national security/intelligence activities as required by the government.

Your Rights Regarding Your PHI

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

Restrictions: You have the right to request restrictions or limitations to your records as deem reasonable by our practice. For example, you may request restrictions on the disclosure of your PHI to only individual(s) who are involved in your treatment, payment, or health care operations, etc. Our practice is not required to agree to your request; however, if we do agree, we are bound by law to abide by your restrictions except when otherwise required by law, in the case of an emergency, or if it is vital information needed for your treatment.

Communications: You reserve the right to request confidential communications between you and our practice regarding your PHI, either at a certain location or in a particular manner (for instance, you may ask us to only communicate with you by cell phone outside of the office). Our practice will only accommodate reasonable requests.

Medical Records: You have the right to inspect and obtain a copy of any part of your PHI that we maintain about you; however, a written consent to release medical records is required in order for us to do so. **We will not release any part of your PHI, even if it is to yourself, without a written signed authorization to release medical records.** We will respond to your written request within 5 to 7 business days once it is received. Our practice may charge a fee of \$1.00 per page for the first 25 pages, and 25¢ per page thereafter.