



**Hollywood**  
1160 North 25th Street - Suite 605  
Hollywood, Florida 33021  
Phone: 954-981-8888  
Fax: 954-981-5244

**Panhandle Pines**  
655 N. Flamingo Road - Suite 155  
Panhandle Pines, Florida 33329  
Phone: 954-450-2202  
Fax: 954-451-5101

## NOTICE OF PRIVACY PRACTICES

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.**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to maintain the privacy of your Protected Health Information (PHI) and provide you with notice of our legal duties and privacy practices with respect to such PHI.

We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of our Notice at any time and to make the new notice provisions effective for all PHI that we maintain. If we change the terms of our privacy Notice, the revised notice will be posted on our website. If you have any questions or require further information, please contact our Privacy Officer Ken Hollins at 973-744-6688.

### **Acknowledgment of Receipt of This Notice**

You will be asked to provide a signed Acknowledgment of Receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of your services will in no way depend upon your signed Acknowledgment. If you decline to sign an Acknowledgment, we will continue to provide your services. We will also use and disclose your PHI for treatment, payment and health care operations, when necessary.

### **How We May Use or Disclose Your Health Information**

Except as may be otherwise prohibited by state or federal law, the following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time, except to the extent that we have already relied on the authorization.

**Your Protected Health Information:** In addition to medical records, your PHI includes financial information. We collect and use several types of financial information to carry out our business activities. This includes information that you give to us on applications or other forms, such as your name, address, age, and dependents. We keep and share financial records such as insurance coverage and payment history, when necessary, with our employees, affiliates, business associates or others who need it to provide services, to do business, for health care operations, or for other legally allowed or required purposes.

**Treatment:** We may use or disclose your health information to provide you with treatment, services or supplies. For example, we may obtain information that may assist us in providing services to you, or may disclose information for the purpose of coordinating or managing your healthcare, such as consulting with your doctor regarding your treatment or condition.

**Payment:** We may use or disclose your health information in order to process claims or make payment for covered services or supplies. For example, we may submit a claim to your insurance carrier for payment. The claim form will include information that identifies you, your diagnosis, and testing, treatment or supplies provided to you. Your information may be disclosed to one or more intermediaries employed by your plan sponsor including, but not limited to, insurers, pharmacy benefits managers and claims administrators.

**Health Care Operations:** We may use or disclose your health information for health care operations. Health care operations include, but are not limited to, quality assessment and improvement activities, employee review and development activities, review and audit activities, management and general administrative activities. For example, members of our quality improvement team may use information in your health record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide.

**Business Associates:** There may be instances where services are provided to our organization through contracts with third-party "business associates." Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require of our own employees and affiliates.

**Required by Law:** We will disclose medical information about you when required to do so by applicable federal, state or local law.

**Communication with Family, Caregivers, and Close Friends:** We may disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if: (1) we obtain your written agreement or provide you with the opportunity to object to the disclosure and you do not object; or (2) we reasonably believe that you do not object to the disclosure.

If you are not present for or unavailable prior to a disclosure (for example, when we receive a telephone call from a family member or other caregiver), we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information under such circumstances, we would disclose only information that is directly relevant to the person's involvement with your care.

**Public Health:** In accordance with applicable federal and state laws, we may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect, elder abuse, domestic violence or any other form of abuse to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence; (3) to any state agency in conjunction with a federal or state health benefit program; (4) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; (6) to prevent a serious threat to your health and safety or the health and safety of the public or another person; and (7) as required by state law for other public health activities.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

**Marketing:** We may, as permitted by law, use or disclose your health information, as necessary, to provide you with recommendations for alternative treatments, therapies, health care providers or care settings.

**Research:** We may disclose de-identified information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Fund Raising:** We may contact you as part of a fund-raising effort. You have the right to opt out of these communications.

**Workers' Compensation:** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

**Specialized Government Functions:** We may use and disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law.

**Law Enforcement Purposes:** We may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a subpoena or court order.

**Lawsuits and Disputes:** We may disclose health information about you in response to a subpoena, discovery request, or other lawful order from a court.

**Judicial and Administrative Proceeding:** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Decedents:** We may disclose PHI to a coroner or medical examiner as authorized by law.

**Organ and Tissue Procurement:** If you are an organ donor, we may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**Authorization:** We will get your written permission before we use or share your PHI for any other purpose, unless otherwise stated or referred to specifically or generally in this Notice. You are not required to authorize any additional uses or disclosures of your PHI, and you may withdraw any authorization you do provide at any time, in writing. We will then stop using your information for that purpose. If, however, we have already used or shared your information based on your authorization, we cannot undo any actions we took before you withdrew your permission.



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Fax: 954-450-5101

#### **Your Rights Regarding Your Health Information**

The following describes your rights regarding the health information we maintain about you. To exercise these rights, you must submit your request in writing to our Privacy Officer at PET Imaging Institute of South Florida, c/o Strategic Outpatient Services Inc., 105 Grove Street, STE 4, Montclair, NJ 07042.

**Right to Request Restrictions:** You have the right to request that we restrict uses or disclosures of your health information to carry out treatment, payment, health care operations, or communications with family or friends. We are not required to agree to a restriction. If, however, you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer, and we must agree to that restriction unless disclosure is otherwise provided by law.

**Right to Receive Confidential Communications:** You have the right to request that we send communications that contain your health information by alternative means or to alternative locations. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

**Right to Inspect and Copy:** You have the right to inspect and copy health information that we maintain about you in a designated record set. A "designated record set" is a group of records that we maintain such as enrollment, supply order history, or payment. If copies are requested or you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor and supply cost of copying, postage, and preparation cost of an explanation or summary, if such is requested. We may deny your request to inspect and copy in certain circumstances as defined by law. If you are denied access to your health information, you may request that the denial be reviewed.

**Right to Amend:** You have the right to ask us to amend your health information for as long as we maintain such information. Your written request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspections as specified by law, or is accurate and complete.

**Right to Receive an Accounting of Disclosures:** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable, cost-based fee for the accounting statement.

**Right to Obtain a Paper Copy:** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

**Potential Impact of Other Applicable Law:** The HIPAA Privacy Rule generally does not preempt or override state privacy or other applicable laws that provide individuals with greater privacy protections. As a result, state privacy laws that provide for a stricter privacy standard will be followed.

#### **Florida Law**

We will only disclose your medical information with your written consent, except as required or permitted by law; for example, in a medical negligence action or administrative proceeding or in response to a subpoena from a court or the Florida Department of Health.

#### **How to File a Complaint if You Believe Your Privacy Rights Have Been Violated**

If you believe that your privacy rights have been violated, please submit your complaint in writing to:

PET Imaging Institute of South Florida  
c/o Strategic Outpatient Services Inc.  
Privacy Officer  
105 Grove Street, STE 4  
Montclair, NJ 07042

You may also file a complaint with the secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

#### **Effective Date**

This Notice is effective as of January 1, 2017.



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 Panhandle Pines, Florida 33029  
 Phone: 954-450-2202  
 Fax: 954-450-5101

**ACKNOWLEDGEMENT OF RECEIPT  
 OF NOTICE OF PRIVACY PRACTICES**

By signing this form, you are agreeing that you have received a copy of PET Imaging Institute of South Florida’s Notice of Privacy Practices, which describes how we use and disclose your health information. You have the right to refuse to sign this Acknowledgment, in which case we must document our good faith effort to obtain your acknowledgment and the reason why it was not obtained.

Receipt of Privacy Notice acknowledged by:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print name

\_\_\_\_\_  
 Relationship to patient

=====  
 For Office Use Only:

I personally delivered the Notice of Privacy Practices to the above-named patient (or authorized representative of the patient). A written acknowledgement of receipt by the patient or representative was not obtained for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_  
 [Signature of Office Staff Member]

\_\_\_\_\_  
 [Date]

Name: \_\_\_\_\_

**CONSENT FOR RELEASE OF PATIENT INFORMATION**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. In some cases, Florida law is more restrictive than HIPAA and requires a patient’s consent before disclosing patient information. By signing this form, you consent to our disclosure of your PHI for the purpose of treatment, payment and provider operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I agree to the release of my protected health information by PET Imaging Institute of South Florida for treatment, payment and provider operations.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print name

\_\_\_\_\_  
 Relationship to patient