



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2013

**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.**

If you have any questions about this Notice of Privacy Practices (this "Notice"), please contact SSP Medicine, P.A., Privacy Officer at (386) 742-4343 ("Privacy Officer").

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you received at SSP Medicine, P.A. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of your care at SSP Medicine, P.A. This Notice will tell you about the ways in which we may use and disclose certain health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of that information.

OUR OBLIGATIONS:

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describes the ways we may use and disclose health information that identifies you. For the purposes of this Notice, "Protected Health Information" shall mean any information, whether oral or recorded in any form, received by SSP Medicine, P.A. that relates to past, present, or future physical or mental health or condition of an individual, the provision of healthcare to an individual, or the payment for the provision of healthcare to an individual. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories. Except for the purposes described below, we will use and disclose Protected Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Protected Health Information for your treatment and to provide you with medical treatment or services. For example, we may disclose Protected Health Information to doctors, nurses, technicians, medical associates, physician assistants, medical students or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. We also may disclose health information about you to people outside SSP Medicine, P.A. who may be involved in your medical care after you leave the facility, such as family members, clergy, or others to provide services that are part of your care, such as therapists or other physicians.

For Payment. We may use and disclose Protected Health Information so the treatment and services you receive may be billed to, and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health insurance plan information about treatment you received so your health plan will pay us or reimburse you for the treatment. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may disclose information about you to another healthcare provider, such as another hospital, for their payment activities concerning you.

For Healthcare Operations. We may use and disclose Protected Health Information for healthcare operations, management, administration, business planning, and arranging for professional accounting, legal and other services. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose Protected Health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many SSP Medicine, P.A. patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may also disclose health information to doctors, nurses, technicians, physician assistants, medical associates, medical students and other SSP Medicine, P.A. personnel for review and learning purposes. We may also combine the health information we have with health information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study healthcare and healthcare delivery without learning the identities of specific patients. We also may disclose Protected Health Information for another healthcare provider's operations if you also have received care there.

Treatment Alternatives. We may use and disclose Protected Health Information to tell you about or recommend different ways to treat you.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Protected Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose

Protected Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Protected Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. This would include persons named in any durable healthcare power of attorney or similar document provided to us. We may also give information about you to an entity assisting in a disaster relief effort so that your family can be notified about condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Protected Health Information for research. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose Protected Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Protected Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Protected Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Protected Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Protected Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities. We also may also release Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military. We may use and disclose to components of the Department of Veterans Affairs health information about you to determine whether you are eligible for certain benefits.

Workers' Compensation. We may release Protected Health Information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Protected Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We may also disclose Protected Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release Protected Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

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 also may release Protected Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Protected Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Protected Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided by us.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION:

You have the following rights regarding Protected Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. Usually, this includes medical and billing records, other than psychotherapy notes and other mental health records under certain circumstances. To inspect and copy this Protected Health Information, you must make your request, in writing, to SSP Medicine, P.A. Privacy Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other labor or supplies associated with your request. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees for preparing the summary or explanation. We may deny your request to inspect and/or copy your Protected Health Information in certain circumstances, such as when your physician determines that for medical reasons this is not advisable. If we do deny your request, you have the right to have the denial reviewed. Another licensed healthcare professional chosen by SSP Medicine, P.A. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by what this person decides.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon an actual known breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an

amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to SSP Medicine, P.A. Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if you ask us to amend information that (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment, (2) is not part of the health information kept by or for SSP Medicine, P.A., (3) is not part of the information which you would be permitted to inspect and copy, or (4) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Protected Health Information for purposes other than treatment, payment and healthcare operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to SSP Medicine, P.A. Privacy Officer. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (for example: on paper, electronically). There may be a charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or healthcare operations. You also have the right to request a limitation on the Protected Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to SSP Medicine, P.A. Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to SSP Medicine, P.A. Privacy Officer. Your request must specify how or where you wish to be contacted, but need not state the reason for this request. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our web site, www.sspmedicine.com. To obtain a paper copy of this Notice, contact SSP Medicine, P.A. Privacy Officer in writing.

CHANGES TO THIS NOTICE:

We reserve the right to change this Notice and make the new notice apply to Protected Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

STATE LAW:

The Health Insurance Portability and Accountability Act of 1996, and the privacy regulations adopted to implement the law ("HIPAA") provide that if state law is more stringent in restricting the use and disclosure of your health information, that state law will apply.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with SSP Medicine, P.A. or with the Secretary of the Department of Health and Human Services. To file a complaint with SSP Medicine, P.A., contact SSP Medicine, P.A. Privacy Officer at 1565 Saxon Boulevard, Suite 204, Deltona, Florida 32771. All complaints must be made in writing. **You will not be penalized for filing a complaint.**