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**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.**

If you have any questions about this notice please contact Ana M. Smith at 407-650-0033.

**WHO WILL FOLLOW THIS NOTICE?**

This notice describes our facilities practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All department and units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff and other facility personnel.
- **Pain Specialties 138 E. Gore Street and 142 E. Gore Street, Orlando, FL 32806.** These entities, sites and locations follow the terms of this notice. In addition, these sites and locations may share medical information with each other for treatment, payment or facility operation purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records in your care generated by the facility, whether made by the facility personnel or your personal doctor.

Your other physicians may have different policies or notices regarding their use and disclosure of your medical information created in their office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Revised: April 2015

Effective Date: April 14, 2003

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you and
- Follow the terms of the notice that is current in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at the facility. We also may disclose medical information about you to people outside the facility who may be involved in your medical care, such as family members, or others we use that provide services which are part of your care.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company or a third party. We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment

**For Health Care Operations.** We may use and disclose medical information about you for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many facility patients to decide whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purpose. We may also combine the medical information we have with medical information from other facilities in order 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 medical information so that others may use it to study health care and health care delivery without learning who the specific patients are.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat

### **SPECIAL SITUATIONS**

**Organ and Tissue Donation.** If you are an organ donor we may release medical information to organizations that handle eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. WE may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health: Risks.** We may release medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with products; To notify people or recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been a 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 medical 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 health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Dispute.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information to a subpoena, discovery request, or other lawful process by someone else

involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain limited circumstances we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- A criminal conduct at the facility; and
- In emergency circumstances 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 and Medical Examiners.** We may release medical information to a coroner or medical examiner, This may be necessary, for example, to determine the cause of death.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, and other national security activities authorized by law,

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigations.

**Initiates.** If you are an inmate of a correctional; institution or under the custody of a law enforcement Official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and: security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes,

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to **MEDICAL RECORDS DEPARTMENT**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request

We may deny your request to inspect and copy, in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with outcome of the review.

**Right to Amend.** If you feel that medical information we have about you 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 the facility.

To request an amendment, your request must be made in writing and submitted to the **MEDICAL RECORDS DEPARTMENT**. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not made in writing or does not include a reason to support the request. In addition if you asked us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of medical information kept by the facility.
- Is not part of the information which you would, be permitted to inspect or copy;
- Is inaccurate and complete.

**Right to an Accounting of Disclosure.** You have the right to request an "accounting of disclosure." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the **MEDICAL RECORDS DEPARTMENT**. Your request must state a time period, which may not be longer than six years and may not include dates before April, 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge for the costs 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had.

***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

To request restrictions, you must make your request in writing to **MEDICAL RECORDS DEPARTMENT**.

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.

**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 at work.

To request confidential communications, you must make your request in writing to **MEDICAL RECORDS DEPARTMENT**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**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.

To obtain a paper copy of this notice contact the **MEDICAL RECORDS DEPARTMENT**.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information that we already have about you as well as any Information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain on the first page, in the top; right hand corner, the effective date. In addition, each time you register or come to the facility for treatment or health care services, you may request a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. To File a complaint with the facility, contact Ana M. Smith, Office Manager at (407) 650-0033.

You will not be penalized for filing a complaint

### **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.