

## VITALITY HEALTH & WELLNESS, LLC NOTICE OF PRIVACY PRACTICES

*Effective Date: June 2004*

**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.**

### **WHEN THIS NOTICE APPLIES**

This notice summarizes the privacy practices of Vitality Health & Wellness, LLC, the physician practices, and their workforce, and the medical staff, physicians and health care professionals that provide you with treatment and health care services at locations where they practice and for telemedicine. We may share health information about you with each other for purposes described in this notice, including for our joint administrative activities.

### **OUR OBLIGATIONS**

We are required by law to:

- Maintain the confidentiality of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

When you receive services or treatment from the Vitality Health & Wellness, you will be asked to sign a consent form in which you permit us to use and disclose information about you in ways that are permitted by the federal privacy law, as summarized in this Notice. However, some kinds of health information are subject to separate special privacy protections under the laws of the State of Florida or other federal laws, so that portions of this notice may not apply. In addition, special rules apply to the results of human immunodeficiency virus ("HIV") tests that identify you or the fact that an HIV test has been performed on you ("HIV test results"). The section below entitled "How We May Use and Disclose HIV Test Results" describes how we may use and disclose this type of health information. Finally, the section below entitled "How We May Use and Disclose Psychotherapy Notes" describes how we may use and disclose notes from psychotherapy counseling sessions in which you participate. The following categories of activities describe the ways that we may use and disclose health information that identifies you ("Health Information"). Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, we will use and disclose Health Information only with written permission from you. If you give us permission to use or disclose Health Information (including HIV test results and psychotherapy notes) for a purpose not listed in this notice, you may revoke that permission at any time by sending a written request to our office at the address listed at the end of this notice.

a) **For Treatment.** We may use Health Information to treat you or provide you with health care services. We may disclose Health Information to doctors, nurses,

technicians, or other personnel, including people outside our facilities or clinics who may be involved in your medical care. For example, we may tell your primary physician about the care we provided you or give Health Information to a specialist to provide you with additional services as appropriate for treatment purposes.

b) **For Payment.** We may use and disclose Health Information so that others or we may bill or receive payment from you, a government program or an insurance company or other responsible third party for the treatment and services you receive. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about the services that you are going to receive to obtain prior approval or to determine whether your plan will cover the services.

c) **For Health Care Operations.** We may use and disclose Health Information for health care operations, which are administrative activities involved in operating the our center. These uses and disclosures are necessary to maintain quality care when delivering services to our patients and for our business and management purposes. For example, we may use Health Information to review the adequacy and quality of the care that our patients receive.

d) **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose Health Information to contact you as a reminder that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

e) **Activities.** We may use your demographic information (e.g., name, address, and other contact information), and/or the dates of health care provided to you, to contact you in an effort to notify you of events or services offered by Vitality Health & Wellness.

f) **Individuals Involved in Your Care or Payment for Your Care.** We may disclose Health Information to a person, such as a family member or friend, who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify such individuals about your location or general condition, or disclose such information to an entity assisting in a disaster relief effort.

g) **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. 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 Health Information for research, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of Health Information. We also 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, so long as they do not remove or take a copy with them of any Health Information.

### **SPECIAL CIRCUMSTANCES**

In addition to the above, we may use and disclose Health Information in the following special circumstances:

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

i) **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, will be to someone who we believe may be able to help prevent the threat.

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

k) **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

l) **Workers' Compensation.** We may disclose Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

m) **Public Health Risks.** We may disclose 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; track certain products and monitor their use and effectiveness; if authorized by law, 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 conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if the patient agrees or when we are required or authorized by law.

n) **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

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

been made, by the party seeking the information, to tell you about the request or to obtain an order protecting the information requested.

p) **Law Enforcement.** We may release Health Information if asked by a law enforcement official as follows: (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 if, under certain 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 evidence of criminal conduct on our premises; and (6) 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.

q) **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. In some circumstances this may be necessary, for example, to determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

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

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

#### **HOW WE MAY USE AND DISCLOSE HIV TEST RESULTS**

We may use and disclose HIV test results for the purposes described above only if you give your written permission to use and disclose these HIV test results along with your medical records at the time of testing. If you did not give such permission, we may use and disclose this information only for the following limited purposes without your written authorization:

a) **For Treatment.** We may use HIV test results to provide you with health care services. We may disclose HIV test results to doctors, nurses, technicians, or other providers who may be involved in your medical care. For example, we may tell a specialist about your HIV status to enable the specialist to provide additional services to you.

b) **For Payment.** We may use HIV test results when compiling or reviewing records as part of routine billing. For example, we may review your medical record, which contains HIV test results, to enable us to bill properly for your care.

c) **For Health Care Operations.** We may use HIV test results if necessary to enable us to deliver quality services to our patients. For example, we may use HIV test results to determine whether we are providing appropriate services to you. We also may disclose HIV test results to health facility staff committees to enable them to monitor and evaluate programs.

d) **Public Health.** We may disclose HIV test results to the Florida department of health for reporting and disease control purposes.

e) **Organ and Tissue Donation.** We may disclose HIV test results to organizations that procure, process, distribute or use organs, eyes, or tissues for donation purposes.

f) **Research.** We may disclose HIV test results to authorized medical or epidemiological researchers, as described above.

g) **Threats to Safety.** We may disclose HIV test results to child-placing or child-caring agencies, family foster homes, residential facilities or community-based care programs that are directly involved in placement, care, control or custody and who have a need to know such information. We also may disclose HIV test results to a sex or needle sharing partner in accordance with the law.

h) **Court Order.** We may disclose HIV test results in accordance with a court order that specifically requires such disclosure.

#### **HOW WE MAY USE AND DISCLOSE PSYCHOTHERAPY NOTES**

We may use and disclose notes taken during psychotherapy counseling that you received from the Vitality Health & Wellness only for the following limited purposes:

a) **For Treatment.** The physician or therapist that created the psychotherapy notes may use notes that identify you for your treatment or to provide you with health care services. For example, a physician may review his notes prior to your therapy session.

b) **Training.** We may use and disclose psychotherapy notes that identify you for our training programs, including training of students, trainees or practitioners in mental health to help improve their therapy skills. For example, a physician may discuss information contained in psychotherapy notes with a student in mental health who is training in psychotherapy counseling.

c) **Legal Action.** We may use and disclose psychotherapy notes that identify you to defend Vitality Health & Wellness in a legal action or other proceeding. For example, we may provide psychotherapy notes to our lawyers who are defending Vitality Health & Wellness in a legal case.

d) **Required by Law.** We will disclose psychotherapy notes that identify you when required to do so by international, federal, state or local law.

e) **Health Oversight Activities.** We may disclose psychotherapy notes that identify you to a health oversight agency for oversight activities involving the creator of the notes. These oversight activities are described above.

f) **Coroners and Medical Examiners.** We may release psychotherapy notes that identify you to a coroner or medical examiner, as described above.

g) **To Avert a Serious Threat to Health or Safety.** We may use and disclose

psychotherapy notes that identify you when necessary to prevent or lessen a serious threat to health and safety, as described above.

## **YOUR RIGHTS**

You have the following rights, subject to certain limitations, regarding Health Information that we maintain about you:

- a) ***Right to Inspect and Copy***. You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care.
- b) ***Right to Amend***. If you feel that Health Information that 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 maintained by or for us. You must tell us the reason for your request.
- c) ***Right to an Accounting of Disclosures***. You have the right to request an accounting of certain disclosures of Health Information that we made.
- d) ***Right to Request Restrictions***. You have the right to request a restriction or limitation on the Health Information that we use or disclose for treatment, payment, or health care operations. You have the right to request a limit on the Health Information that we disclose about you to someone who is 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 your surgery with your spouse. ***We are not required to agree to your request.*** If we agree to your request, we will comply with your request unless we need to use the information in certain emergency treatment situations.
- e) ***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 contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- f) ***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 on our website, [www.vitalitywellness.com](http://www.vitalitywellness.com) in the future.

## **HOW TO EXERCISE YOUR RIGHTS**

To exercise any of your rights described in this notice, other than to obtain a paper copy of this notice, you must contact our office or you may send a written request to:

***Vitality Health & Wellness, LLC***

410 Meridian Avenue  
Miami, Florida 33139

or you may bring your written request personally to the Office.

**NO OTHER STAFF MEMBER, PHYSICIAN, NURSE, OR ANY OTHER PERSON IS AUTHORIZED TO ACCEPT A REQUEST TO EXERCISE YOUR RIGHTS.**

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice and to make the revised or changed notice effective for Health Information that we already have as well as any information we receive in the future. We will post a copy of the current notice at our offices. The notice will contain the effective date on the first page, in the top right-hand corner.

**COMPLAINTS AND QUESTIONS**

If you believe your privacy rights have been violated, you may file a complaint with us, or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Privacy Office at the address listed above. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

If you have any questions about this notice, please contact our Office at 305-466-1100.

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DATE OF SERVICE: //  
Effective Date: April 14, 2003

**PATIENT ACKNOWLEDGEMENT OF THE NOTICE OF PRIVACY PRACTICES AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

I acknowledge that I was provided with a copy of the Vitality Health & Wellness, LLC Notice of Privacy Practices.

I hereby consent to the use and disclosure of my health information, including any mental health information, for the purposes and activities permitted under the federal privacy law, which are described in the Vitality Health & Wellness Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (Print) Date

\_\_\_\_\_  
Signature of patient or personal representative / Relationship to patient

**If you received this form electronically, please sign, date, and return it to Vitality Health & Wellness 410 Meridian Avenue – first floor Miami Beach, FL 33139 or you may fax the Office at (305) 466-1160.**

You must complete this section.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

***Complete this section if this form is not signed and dated by the patient or patient's representative.***

The date that you requested the signature and date: \_\_\_\_\_

The reason that the signature and date were not obtained:

Refused                      Emergency                      Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Vitality Health & Wellness Representative Date