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NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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, please contact our office manager, Judy Wilson, RN.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our practice and that of:

- Any health care professional authorized to enter information into your office chart;
- All divisions of this office practice, if there are any;
- Any member of a volunteer group we allow to help you while you are in the office;
- Any medical student, intern, resident or fellow that we allow to help you while you are a patient in this practice (presently, there are none);
- Any representative of an insurance carrier, managed care organization, clinical research organization, data analysis organization, or quality improvement organization that is participating in a review of your medical care;
- All employees, staff and other office personnel; and,
- To the extent that we can control, all other entities, sites and locations where the health care professionals in this office practice and follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or for operations purposes as 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 from the physician and office staff of this medical practice. 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 of your care generated by Dr. Livstone, generated by our office personnel, or the records we have on file at the office, whether made by Dr. Livstone and his staff, hospitals, laboratories, endoscopy centers, other consultants, or your primary care physician.

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.

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
- Assure you that we adhere to the terms of the notice that is currently 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 in a category will be listed. However, all of the ways we are permitted to use and disclose personal health information about you without obtaining additional authorizations from you will fall within one of the following categories.

Treatment - We use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other doctors, nurses, technicians, medical students, or other office personnel who are involved in taking care of you at the office. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, Dr. Livstone or his office staff may need to tell a dietitian if you are lactose or gluten intolerant so that we can arrange for you to receive instructions regarding appropriate meals. Different people working in this practice may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the office who are involved in your medical care in order for you to obtain their services that are needed parts of your care.

Payment - We may use and disclose medical information about you so that the treatment and services you receive from Dr. Livstone (or his nurses) at the office, hospital, ambulatory endoscopy center, nursing home or other site 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 plan information about the services you received at the office, hospital or ambulatory endoscopy center, so that your health plan will pay us or reimburse you for the services. We may also need to tell your health plan about a

treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

Health Care Operations - We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. In general, the term “operations” means the scheduling of consultations, laboratory tests, procedures, and x-rays for you. In addition, the term “operations” also means that we may use patient information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about several patients in this practice in order to decide what additional services the practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, or other office personnel for review and learning purposes. We may also combine the medical information we have with medical information from other medical practices to compare how we are doing and see where we can make improvements in the care and services that we offer. Whenever possible, we will remove information that identifies you from this set of medical information so that others may study health care and health care delivery without learning who the specific patients are.

Appointment Reminders - We use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the office, a hospital, or the Health South Endoscopy Center. Some of our reminders are sent to your last known address in postcard form.

Treatment Alternatives - We may use 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 medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities - We do not do any fundraising among our patients. We believe that any contributions to charity or medical research you might wish to make are your own private business.

Ambulatory Surgery Center for Endoscopy – The only information we disclose about you to staff at the Health South Endoscopy Center of Sarasota falls under the categories of treatment, payment, or operations information and is not subject to any special authorizations or consent.

Individuals Involved in Your Care or Payment for Your Care - We may release medical information about you to your health care surrogate whom you have authorized to make health care decisions about you if you are incapacitated, a friend, or a family member who is involved in your medical care. We will provide health care information about you to such individuals only upon your advanced written authorization. Please complete as soon as possible the related authorization forms we will provide you for this purpose; otherwise, we will not disclose health information about you to these individuals. We may also give information to someone who helps pay for your care, but that is covered under the payment provision of the Privacy Act and requires no special authorization. We may also tell your family or friends your general condition and that you can be found in the hospital, endoscopy center, or office. In emergency situations, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you permit someone to come with you into a consultation or examining room, that permission constitutes authorization for us to discuss your health information with that person thereafter unless authorization is specifically revoked in writing.

Research - Under certain circumstances, we may use and disclose medical information about you for medical research purposes. If we participate in such research, we remove individual identifiers so that you can remain anonymous. For example, a research project may compare the health and recovery of patients who received one medication to those who received another for the same condition. Before we disclose medical information for research, the project will have been approved through a licensed investigational review board at a university, government agency, or Sarasota Memorial Hospital. If any medical research person needs access to your name or other information which will reveal who you are, we will always ask your permission first; your consent is completely voluntary, and your refusal will not jeopardize your care by anybody in this medical practice.

Business Associates – We may disclose protected health information about you to businesses which perform certain necessary financial or administrative functions for this medical practice. The Privacy Act of 2001 requires these firms, in order to do business with us, to enter into a Business Associate Agreement with this practice which binds these firms to follow the rules of the Privacy Act and not to disclose protected health information about you to any third parties for any commercial purposes unrelated to facilitating your treatment or our obtaining payment for our professional services. At the time of this writing, the business associates of this practice include our accounting firm, the bank where we have our commercial checking account, the software company which maintains the computer software we need to transmit insurance claims to your health insurance company, Web MD Envoy, a clearing house for processing commercial insurance claims, and a collection agency we use to collect payment on delinquent accounts. The accounting firm may see your name, telephone number, and account balance on the monthly financial reports we are required to file for tax and other business purposes; we will try to obliterate your name, but such disclosure may be incidental and inadvertent. Employees of the bank where we have our commercial checking account may see your name, address, phone number, and payment amount on your printed checks we deposit into our commercial checking account. The software writers for our billing and electronic transmission software may see your name and account balances, again inadvertently and incidentally. Web MD Envoy personnel likewise may inadvertently see your name, social security number, charges, and payments on insurance claims to commercial insurance carriers. The collection agency will have your identifying information, charge and payment history, and account balance information which will be used for collection purposes; this may be disclosed to credit bureaus, court officials, or attorneys to facilitate the collection process. All of these business associates are precluded from selling or giving your information to any third party for any commercial marketing purposes or from disclosing it in any way unrelated to treatment or payment without your written authorization.

As Required By Law - We will disclose medical information about you when required by subpoena or by federal, state, or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose medical information about you without your specific authorization 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 be required to release medical information to organizations that handle organ procurement or organ, 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 be required to release medical information about you by military command authorities. We may also be required to release medical information about foreign military personnel to the appropriate foreign military authority.

If you are a member of the Armed Forces, we may be required to disclose medical information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

Workers' Compensation - We may be required to 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 be required to disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products or medications 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; 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 particular disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may be required to 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 Disputes - If you are involved in a lawsuit or a dispute, we may be required to disclose medical information about you in response to a court or administrative order. We may also be required to disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute; if that happens, we will try to tell you about the request to give you some time to obtain an order protecting the information requested.

Law Enforcement - We may be required to release medical information if asked to do so by a 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;
- About criminal conduct at the office or ambulatory surgery center; 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, Medical Examiners and Funeral Directors - We may be required to release medical 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 may also release medical information about patients to funeral directors as necessary to carry out their duties, including the completion of a death certificate.

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

Protective Services for the President and Others - We may be required to disclose medical information about you 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.

Department of State - We may be required to release medical information about you for a government agency to make decisions regarding your medical suitability for a security clearance or service abroad. We may be required to release your medical suitability information to the officials in the Department of State who need access to that information for these purposes.

Inmates - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may be required to 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 Request a Copy - You have the right to inspect and obtain a copy of the 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.

Nobody, including yourself, may view or handle your medical record in this practice without an office staff member in attendance to make sure that there is no unauthorized removal or alteration of any material in your medical record. We do not have the personnel or the time to supervise anyone's inspection of more than a few words or lines of a single report. If you wish to inspect more than that, you will need to make a written request for the office staff to prepare a copy of your chart from our office. Your request should specify exactly what material you wish to have us copy for your review. You may submit your written request to any staff member at this office.

If you want a duplicate copy of a single sheet of a lab report, there will be no charge; if you want a personal copy of anything more than that, there will be a records reproduction charge. If you request

a personal copy of more than a single sheet lab report from your medical record, we will charge you a fee of \$1 per page for the first 25 pages and \$0.25 for each page thereafter as permitted by Florida law for the costs of copying, mailing, or other labor and supplies associated with your request. These records reproduction costs are not covered by your health insurance, but Florida law entitles us to be paid for providing you these materials. For bill collection purposes, we will treat charges for medical records the same way we treat charges for medical services.

We are entitled to deny your request to inspect and to obtain a copy of your medical record in certain circumstances. If you are denied access to medical information, you may request that denial to be reviewed. Another licensed health care professional chosen by the office 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 the outcome of the review.

Right to Amend – Dr. Livstone and the nursing staff make a concerted effort to make sure that the information we record from what you tell us and from what we observe is accurate and complete. It is important to us as well as to your good health that your records are truthful (that depends on you), accurate, and complete (that depends on us). That is why we insist that you be specific and truthful in your answers to questions. That is why we ask you to bring a list of your current medications to all office visits. That is why we ask you to be aware of any specific medication allergies you have and to report them when asked. That is why we make a copy for your chart of any handwritten instructions Dr. Livstone gives you. If you feel that any medical information we have about you is incorrect or is 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 this practice.

It is likely that Dr. Livstone will ask you from time to time to verify specific facts such as names of medications you take, names of previous doctors you have seen, types of previous operations you have had, or other specific bits of medical information. A simple correction of technical items such as these examples is easy to make and will be noted on the day's office visit note and all subsequent dictated notes. To request an amendment of something more extensive or complicated than that, your request must be made in writing and submitted to any member of the office staff. In addition, you must provide a valid reason that supports your request.

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

- Was not created by us;
- Is not part of the medical information kept by or for this practice;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is truthful, accurate and complete.

On a technical level, office History and Physical notes and office return visit progress notes in this practice are created using a speech recognition computer dictation system. Once a note has been dictated and saved in the transcription computer, it is not changeable. The software for this system was designed and purchased at a time when the prevailing laws required that existing medical records, once created, were not to be altered. If we agree to amend your medical record, the amendment will take the form of a corrected statement in the next dictated note and all subsequent notes which will supercede previous notes or in the form of an additional dictated explanatory non-visit note which will be kept in your chart.

Right to Schedule an Appointment to Discuss your Records – Although not required by the Privacy Act, we will permit you to request an office visit purely to discuss the state of your medical record in this practice. This is not a medical service. We are entitled to charge and receive payment for the doctor's professional time involved with a non-medical visit on a scale that Dr. Livstone charges when he consults for insurance companies and health care agencies (\$250 per hour billable in 6 minute increments). Medicare and commercial health insurance companies do not consider a medical records visit to be a medically necessary service and will not cover the cost of such a non-medical visit. There is a \$75 minimum charge for this service which must be paid in advance.

Right to an Accounting of Disclosures - You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. Exempted from this right is information we give you or information we release pursuant to a written authorization from you.

To request a written list or accounting of disclosures, you must submit your request in writing to the office manager, Judy Wilson, R.N. Your request must state a time-period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request will cost \$2. For additional lists, we will charge you \$5 for the labor costs of providing the list. We will notify you of the cost involved and you may choose to withdraw your request before any costs are incurred. For bill collection purposes, we will treat charges for an accounting of disclosures the same way we treat charges for medical services.

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. All requests for restriction or limitation must be made in writing and must specify exactly what information is restricted or limited and the reason you want this material restricted or limited. If such a restriction or limitation results in our having to make untruthful or inaccurate statements for treatment, payment, or for the purpose of health care operations, we will not do so. Furthermore, if you insist on such restriction or limitation, you will be discharged from this medical practice.

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 or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. In the event of any limitation or restriction, we will not mislead or convey untruthful information. Instead, we will indicate that you have limited or restricted the use of that information.

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 or limitations of use, you must make your request in writing to any member of the office staff. 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.

If you request in writing a restriction or limitation of use of your personal health information and if we subsequently receive an authorization signed by you for a release of information contained in a prior restriction or limitation, we will follow the most recent written instruction regarding your health care information. In other words, an authorization for the release of information rescinds all prior restrictions and limitations, and we will not be bound by your prior restriction or limitation.

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 or by mail.

To request confidential communications, you must make your request in writing to any member of the office staff. We will not ask you the reason for your request. We will try to 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. To obtain a copy of this notice, notify any member of the office staff.

We are required to obtain a receipt from you stating that we have given you a copy of this notice.

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 we already have about you as well as any information we receive in the future. We will post a notice that there is a new Privacy Notice which you may obtain. The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office, with the Sarasota County Medical Society at 941-966-3134, or to the Secretary of DHHS. To file a complaint with the office, contact the office manager, Judy Wilson, RN at 941-955-0000. All complaints regarding alleged violations of privacy must be submitted in writing.

Your medical care by Dr. Livstone and other personnel in this medical practice will not be penalized for filing a complaint with an external agency; however, the filing of a complaint with an external agency indicates that you wish to have an adversarial relationship with this practice rather than a therapeutic doctor-patient relationship. If you intend to file such a complaint, we suggest that you first fire us from your employ and switch to another gastroenterology practice. Risk management considerations dictate that we no longer continue to treat anybody who is dissatisfied with any aspect of our care or who wishes instead to be our legal adversary.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures 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.

For the practice,

Elliot M. Livstone, M.D.