

NOTICE OF PRIVACY PRACTICES FORM

Please read this notice carefully. It explains how medical information about you may be used and shared, how you can see or obtain it, and what choices you have.

Your rights

See or receive your records

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you. We ordinarily provide access within 30 days. We may charge a reasonable, cost-based fee when allowed by law.

Ask for a correction

If you believe information in your record is incorrect or incomplete, you may ask us to amend it. We may deny a request when permitted by law, and we will explain the reason in writing, generally within 60 days.

Request confidential communications and limits

You may ask us to contact you in a particular way or at a different address; we will accommodate reasonable requests. You may ask us to limit uses or disclosures for treatment, payment, or health care operations. We are not always required to agree. If you pay in full out of pocket for a service or item and ask us not to disclose that information to your health plan for payment or operations, we must agree unless disclosure is required by law.

Get an accounting and a copy of this notice

You may request an accounting of certain disclosures made during the six years before your request. The accounting excludes disclosures for treatment, payment, and health care operations and other exceptions allowed by law. One accounting within a 12-month period is free; additional requests may incur a reasonable cost-based fee. You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose a representative and file a complaint

A person legally authorized to act for you, such as a health care agent or guardian, may exercise your rights after we verify that authority. You may complain to our Privacy Contact or to the U.S. Department of Health and Human Services Office for Civil Rights (OCR). We will not retaliate against you for filing a complaint.

Your choices

You may tell us whether we may share relevant information with family, friends, or others involved in your care or payment, and whether to share information in a disaster relief situation. If you cannot tell us your preference, we may act in your best interest as permitted by law. We require your written authorization for most marketing uses, sale of health information, and most uses or disclosures of psychotherapy notes. A separate authorization is used for public educational or promotional use of patient photographs or recordings. You may revoke an authorization in writing, except to the extent we have already acted on it.

How we may use or disclose information

Treatment, payment, and health care operations

We may use and share information to treat you and coordinate with other clinicians, pharmacies, laboratories, and facilities; to bill and collect payment from you or a health plan; and to operate our practice, including quality improvement, training, administrative work, and contacting you about your care. We may use electronic prescribing and medication-history services as part of your care.

Other uses permitted or required by law

Subject to applicable conditions and limits, we may use or disclose information for public health and safety, health oversight, approved research, organ and tissue donation requests, coroners or medical examiners, funeral directors, workers' compensation, law enforcement, special government functions, court or administrative proceedings, and other disclosures required by law. We may disclose information to business associates that perform services for us under agreements requiring appropriate safeguards.

Special protection for certain substance use disorder records

If we receive or maintain substance use disorder treatment records protected by 42 CFR Part 2, additional protections apply. Such records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you consent in writing or a qualifying court order and subpoena are obtained. We will provide any required advance notice and choice before using Part 2 information for fundraising communications. Other federal and Florida laws that provide stronger privacy protections also apply.

Our responsibilities

We must protect the privacy and security of your protected health information and comply with the practices in the notice currently in effect.

We will notify you as required by law if a breach may have compromised the privacy or security of your unsecured information.

We will not use or disclose your information outside the purposes described here without written authorization unless the law permits or requires it.

We may change this notice. A revised notice will be available in the clinic and on our website, and the updated terms will apply to information we maintain.

Questions, copies and complaints

Privacy Contact, The Wound Specialists

7420 NW 5th Street, Suite 112, Plantation, FL 33317

Phone: 954-613-6361 | **Email:** info@twclinic.com

You may also file a complaint with HHS OCR at hhs.gov/hipaa/filing-a-complaint or by calling 1-877-696-6775. The clinic will not penalize you for filing a complaint.