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**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.**

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## OUR LEGAL DUTY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program requiring all medical and dental records and other individually identifiable protected health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your protected health information is used. HIPAA provides penalties for covered entities that misuse Protected Health Information (PHI). We are required by applicable federal and state law to maintain the privacy of your protected health information.

We are also required to make available to you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect November 1, 2015 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose protected health information about you for treatment, payment, and healthcare operations and for other purposes permitted or required by law. For example:

**Treatment:** We may use or disclose your protected health information to a physician or other healthcare provider involved in your care for the purpose of providing health care services to and for you, coordinate and/or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician or other health care professional to whom we may refer you to for further diagnosis and /or treatment. This disclosure of your protected health information helps to ensure that the receiving health care provider has the necessary protected health information to diagnose and/or treat you more accurately and effectively. We may use or disclose your protected health information including imaging or radiologic information during the course of treatment. This information may be used in the design and/or development of internal or external prosthetics or implants which may or may not be used in the course of your treatment.

**Payment, Advanced Amounts or Advanced Capital:** We may use and disclose your protected health information to obtain payment or advanced amounts or advanced capital for services we provide to you. This protected health information may include billing information and/or protected health information. We will forward this information to any third party you designate or have contracted with for payment or advanced amounts or advanced capital for services we provide to you. A third party may include, but is not limited to, a private payor, insurance company, worker's compensation company, attorney that represents you in personal injury claims and/or litigation or a company your attorney designates to pay or advance amounts or advance capital for services we provide to you.

**Healthcare Operations:** We may use and disclose your protected health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification and licensing or credentialing activities. We may also call you by name in the waiting room when your physician is ready to see you.

**Your Authorization:** In addition to our use of your protected health information for treatment, payment or healthcare operations, you may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your protected health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your protected health information to you, as described in the Patient Rights section of this Notice. We may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Person Involved in Care:** We may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your protected health information, we will provide you with an opportunity to object to such uses and disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-ray or other similar forms of protected health information.

**In the Event of Your Death:** We may disclose to a family member, other relative, close personal friend, or other person previously identified by you, protected health information directly relevant to such person's involvement with your health care or payment related to that health care unless doing so is inconsistent with any prior expressed preference that was made known to us. We will safeguard your protected health information for fifty (50) years after your death.

**Marketing Health-Related Services:** We will not use or disclose your protected health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law, either by a subpoena or when ordered to do so for Public Health Issues: Communicable diseases: Health oversight: Food and Drug Administration requirements: Legal proceedings: Law enforcement: Coroners, Funeral Directors, Organ Donation: Research: Criminal Activity: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

**Abuse or Neglect:** We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your protected health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Military Activity & National Security:** We may disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose protected health information required for lawful intelligence to authorized federal officials, counterintelligence, and other national security activities. We may disclose to

correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your protected health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters). We may call your home and leave a message (either on an answering machine or with the person answering the phone) to remind you of an upcoming appointment, the need to schedule a new appointment or to call our office. You will receive email and text messages for appointment confirmations and reminders, as well as customer service surveys. You may opt-out of receiving these messages by responding "STOP" to text messages or contacting us directly.

**Sale of Protected Health Information:** Sale of protected health information is prohibited without your written authorization. Any such authorization will include a statement that the disclosure will result in remuneration to us.

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## PATIENT RIGHTS

**Access:** You have the right to inspect and obtain a copy of your protected health information, with limited exceptions. By law, you do not have a right to access psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding; and protected health information which is subject to a law which prohibits access to protected health information. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger you or another person, or is likely to cause substantial harm to another person referenced within the protected health information. You have the right to request a review of denial to access. Federal and state laws allow healthcare providers 30 days to respond to written request for records. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us as a result of complying with your request. Requests for access to your protected health information must be made in writing. Protected health information that is maintained electronically in one or more designated record sets will be provided to you in an electronic format if: (1) you request that such information be provided to you electronically, and (2) if the protected health information is readily producible in the requested electronic form or format. If the protected health information is not maintained in the requested form or format, we will provide you with the protected health information in a readable electronic form or format agreed to by both parties.

**Access to Third Parties:** We will provide your protected health information to third parties at your request. This request must be in writing and signed by you. The designated third party must be clearly identified by you and you must provide information on where to send your protected health information.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes, other than treatment, payment, healthcare operations and certain other activities, since the inception of this policy November 1, 2015. You must make your request in writing. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. Except as described in the paragraph below, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You must make your request in writing.

**Right to Limit Disclosure to your Health Plan:** You have the right to limit disclosure(s) to your health plan if the disclosure is for the purpose of payment or health care operations and is not otherwise required by law, if the service(s) has been paid out of pocket in full by yourself or someone else on your behalf.

**Right to limit Disclosure to Family and/or Friends:** You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. Your physician is not required to agree to a restriction you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**Alternative Communication:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location of your request. We may deny your request under certain circumstances.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Right to Express Complaints:** You have the right to express complaints to us and to the Secretary of the Department of Health and Human Services, Office of Civil Rights, if you believe that your privacy rights have been violated. If you wish to complain to us, you must do so in writing, and direct your complaint to the Privacy Leader.

**Right to Obtain a Paper Copy of this Privacy Notice:** You may request a paper copy of our Notice at any time.

**Right to Notice:** We will contact you in the event of a breach of your protected health information, and will provide pertinent information regarding the breach.

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## QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices, or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or disagree with a decision we made concerning access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights and we will provide you with that address upon request.

We support your right to the privacy of your protected health information. You will not be penalized in any way if you choose to make a complaint with us and/or with the U.S. Department of Health and Human Services, Office of Civil Rights.

**Contact Privacy Officer:** 8240 118<sup>th</sup> Ave Ste 350 Largo, FL 33773

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## PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge that Coastal Shoulder Surgery & Sports Medicine, LLC's **Notice of Privacy Policy** created November 1, 2015 and amended as recently as April 4, 2019 and again January 25, 2024 has been made available to me. A paper copy of this Notice will be provided at my request. This Notice is also available on the Coastal Shoulder Surgery & Sports Medicine, LLC website [www.coastalshoulder.com](http://www.coastalshoulder.com).

***As the patient, guarantor, or the patient's responsible party, I certify that I have read, understand, agree to and accept the terms of this document. I will demonstrate my acknowledgment, understanding, agreement to and acceptance of this document by signing the Master Signature, Acknowledgment & Authorization.***