YOUR RIGHTS:
You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to a copy of Your Medical Record. You have the right to request that a copy of your record be given to you or transmitted to another individual or entity. Your record will be provided in a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with providing a copy of the medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information

Right to Amend. If you feel that Health Information 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 kept by or for our office.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone 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 a particular diagnosis or treatment with your spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operations purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan)

In full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

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 by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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 at our web site, www.CamillusHealth.org.

CHANGES TO THIS NOTICE:
We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

QUESTIONS AND COMPLAINTS:
If you have questions about this notice, believe your privacy rights have been violated, or wish to exercise any of your rights listed above, please contact:

HIPPA Privacy Officer
Camillus Health Concern
dba Good Shepherd Health Center
336 NW 5th Street
Miami, FL 33128
Telephone: (305) 577-4840

Protected Health Information (PHI) is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental condition and related healthcare services.

PLEASE REVIEW IT CAREFULLY
SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by law, such as to comply with the Occupational Safety and Health Act, or to perform billing services on our behalf. We may disclose Health Information about you to our business associates when they receive the information in connection with performing functions on our behalf. We may disclose Health Information in response to a court or administrative order. We may disclose Health Information to the Public Health Authority, as required by law, including to report diseases or other conditions. We may disclose Health Information to avert a serious threat to health or safety.

We may disclose Health Information about you to our business associates and others participating in your care or treatment when they receive the health information in connection with providing services to you. We may disclose Health Information in connection with a disaster relief effort when you are unable to give consent because of your critical medical condition.

For Health Oversight Activities. We may disclose Health Information for activities authorized by law. This may include disclosures to a health oversight agency for the purpose of conducting an audit or investigation when required by law.

For Research. We may disclose Health Information for research purposes, subject to certain requirements and restrictions.

Disclosures of Protected Health Information under a written Authorization. If you provide us with an Authorization, we may disclose the Health Information that the Authorization specifies. An Authorization is voluntary. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we may no longer make the disclosures that the Authorization permitted or caused us to make, except as described below.

Insurance. We may disclose Health Information for purposes of insurance, to determine your eligibility for insurance, to settle claims, and to prevent fraud or abuse.

Health Law. We may disclose Health Information as required by law. We are required to make disclosures to the extent we are legally authorized.

Provision of Services. We may disclose Health Information for purposes of providing services to you. For example, we may give your health plan information about you so they will pay for your treatment.

Our Obligations: We are required by law to:

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

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways in which we may use and disclose health information that identifies you (Health Information). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or other may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operations activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about products or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patient who received one 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. Even without Special approval, we may permit researcher to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

WEBSITE: www.healthinfo.com

Coroners, Medical Examiners and Funeral Directors. We may release Health 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 also may release Health Information to funeral directors as necessary for your funeral arrangements.

Workers’ Compensation. We may release Health Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to protect against or control disease, 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; a person who may have be exposed to a disease or may be at risk for a disease or condition; and the appropriate government authority if we believe a patient has been the 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 Health 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.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

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 effort have been made to tell you about the request or to obtain an order protecting the information requested. 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 effort have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material wit-ness, or missing person; (3) about the victim of a crime even, if, under certain circumstances, we are unable to obtain the per-son’s agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

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.

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

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if 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) the safety and security of the institution.

Uses and Disclosures That Require Us to Give You an Opportunity to Object

Individuals Involved in Your Care or Payment for your Care. Unless you object, we may disclose to your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relate to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your permission to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by the Notice or the law that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.