

**Beverly J. Anarumo, D.O., P.A., F.A.C.O.P.**  
Murdock Circle Executive Center  
18308 Murdock Circle, Unit #103  
Port Charlotte, FL 33948  
Office: (941) 629-3618 Fax: (941) 629-9809

## **NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED AND HOW YOU  
CAN GET ACCESS TO THIS INFORMATION. PLEASE  
REVIEW IT CAREFULLY.**

B.J. ANARUMO, D.O., P.A. and its employees are committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the protected health information we collect, and how and when we use or disclose that information. This Notice is effective April 14, 2003. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

### **Understanding Your Health Record/Information**

Each time you visit, B.J. ANARUMO, D.O., P.A., a record of your visit is made and mainlined in a medical record. Typically, this record contains the physician notes, your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals;
- A source of data for medical research;
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights:**

Although your health record is physical property of B.J. ANARUMO, D.O., P.A. that compiled it, the information belongs to you. You have the right to:

- **Obtain a paper copy of this notice of information practices upon request**
- **Inspect and request a copy of your health record:** This includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation or use in a civil, criminal, or administrative action, or information that is subject to law that prohibits access to such information. We may deny your request to access and copy in some circumstances. To inspect and request a copy of your health information, please contact B.J. ANARUMO, D.O., P.A., Privacy Officer at (941) 629-3618 and an appointment will be given to you. We may charge you a fee for the costs of copying, mailing, or other supplies associated with your request.
- **Amend your health record:** You have the right to request and amendment for as long as the information is kept by, or for, us. Your request to amend must be made in writing and submitted to B.J. ANARUMO, D.O., P.A., Privacy Officer, 18308 Murdock Circle, Unit 103, Port Charlotte, FL 33948. You will be required to provide a reason that supports your request. We may deny your written request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make an amendment; is not part of the health information kept by or for our practice; is not part of the information you would be permitted to inspect and copy; or is accurate and complete.
- **Obtain an accounting of disclosures of your health information:** The accounting will not include information disclosed: to other health care providers caring for you; as necessary for our business activities and health care operations; for payment purposes; for national security or intelligence purposes; to correctional institutions or law enforcement officials, or incident to a permitted use and disclosure. To request an accounting, you must submit your request in writing to B.J. Anarumo, D.O., P.A. Privacy

Officer, at 18308 Murdock Circle, Unit 103, Port Charlotte, FL 33948.

- **Request communications of your health information by alternative means or at alternative locations:** You may request that we only contact you at work or by U.S. Mail. You must make your request for communications by alternative means or locations by writing B.J. Anarumo, D.O., P.A., Privacy Officer at 18308 Murdock Circle, Unit 103, Port Charlotte, FL 33948. Your request must specify how or where you wish to be contacted. We will not ask the reason for your request, and we will accommodate all reasonable requests.
- **Revoke your authorization to use or disclose health information:** If at any time you revoke your authorization, in writing, we will no longer use or disclose your health information for the purposes covered by your authorization. We are unable to take back any use or disclosure that has already been made with your permission and we are required by law to retain our records of the care that we provided to you.
- **Request a restriction on certain uses and disclosures of your 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 with emergency treatment. You must make your request for a restriction in writing to B.J. Anarumo, D.O., P.A., Privacy Officer, 18308 Murdock Circle, Unit 103, Port Charlotte, FL, 33948. Your request must specify the information you want to restrict; whether you want to restrict our use, disclosure or both; and to whom you want the restriction to apply.

### **Our Responsibilities:**

B.J. Anarumo, D.O., P.A. is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of our current notice in our facility, and we will offer you a copy of the current notice on each of your patient visits. We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact B.J. Anarumo, D.O., P.A., Privacy Officer, at (941) 629-3618. If you believe your privacy rights have been violated, you can file a complaint with B.J. Anarumo, D.O., P.A., the practices Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington D.C. 20201

### **Examples of Disclosure for Treatment, Payment and Health Operations**

*We will use your health information for treatment. For example:* Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide any specialists you might be referred to with copies of various reports that should assist him or her in treating you.

*We will use your health information for payment. For example:* A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also give your protected health information about a treatment you are going to receive in order to determine whether your insurance plan will cover the treatment.

*We will use your health information for regular health operations. For example:* Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

### **Other Uses of Disclosures**

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the Emergency Department of Radiology and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party associate so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location, and general condition. You have the right to object to this use and disclosure. If you are unable to agree or object, we may disclose such information as we deem is in your best interest based on our professional judgment.

*Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral Directors, Coroners, and Medical Examiners:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties. We may also disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.

*Organ Procurement Organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Appointment Reminders, Treatment Alternatives, and Health-Related Benefits:* We may use and disclose your health information to provide you with appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. If you do not want us to contact you about treatment alternatives, or other health related benefits and services, you must notify B.J. ANARUMO, D.O., Privacy Officer, in writing.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by laws.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability; to report child abuse or neglect; to report births and deaths, to report reactions to medications or problems with healthcare products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease, and when required by law, to notify the government if we believe a patient has been a victim of abuse, *neglect*, or domestic violence.

*Health Oversight Activities:* We may disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Oversight agencies include government agencies that oversee the health care system, government benefit programs, and civil rights laws.

*Correctional Institution:* Should you be an inmate of correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for Law Enforcement purposes as required by law including: to identify or located a suspect, fugitive, material witness, or missing person; about a victim if under limited circumstances we cannot obtain the person's agreement; where there is a suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on our premises; and in a medical emergency when it is likely that a crime has occurred, to report a crime, location of the crime or victims, or the identity, description, or location of the person who committed the crime.

*Legal Proceedings:* We may disclose your health information in the course of any judicial or administrative proceeding, to the extent authorized in writing by a court or administrative order. We may also disclose your medical information in response to a valid subpoena, discovery request, or other lawful process.

*Disaster Relief Efforts:* We may use or disclose your health information to a public private legally authorized disaster relief organization to coordinate notification of a family member, a personal representative, or another person response for your care about your location, condition, or death.

*Military and National Security:* We may disclose your health information to authorized federal officials for conduction national security and intelligence activities, including the provision of protective services to the President. We may also be required to disclose health information of members of the Armed Forces for activities deemed necessary by military command authorities, or to foreign military authorities if you are a member of that foreign military service.

**Acknowledgement: We will ask you to sign and date a form indication your receipt of this Notice of Health Information Privacy Practices.**

**Beverly J. Anarumo, D.O., P.A., F.A.C.O.P.**  
**Murdock Circle Executive Center**  
**18308 Murdock Circle, Unit #103**  
**Port Charlotte, FL 33948**  
**Office: (941) 629-3618 Fax: (941) 629-9809**

**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

With my consent, B.J. Anarumo, D.O., P.A. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to B.J. Anarumo, D.O., P.A.'s Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practices prior to signing this consent. B.J. Anarumo, D.O., P.A. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to B.J. Anarumo, D.O., P.A., Privacy Officer at 18308 Murdock Circle, Unit 103, Port Charlotte, FL 33948.

With my consent, B.J. Anarumo, D.O., P.A. and her employees may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others. With my consent, B.J. Anarumo, D.O., P.A. may mail to my home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, B.J. Anarumo, D.O., P.A. may email to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that B.J. Anarumo, D.O., P.A. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to B.J. Anarumo, D.O., P.A.'s use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosure in reliance upon my prior consent. If I do not sign this consent, B.J. Anarumo, D.O., P.A. may decline to provide treatment to me,

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

**[PLEASE FLIP PAGE OVER]**

# **Beverly J. Anarumo, D.O., P.A.**

## **Receipt of Notice of Privacy Practices**

### **Written Acknowledgement Form**

Patient Name \_\_\_\_\_

I, \_\_\_\_\_, have received a copy of B.J. ANARUMO, D.O., P.A.'s Notice of Privacy Practices that describes how my health information is used and shared. I understand that B.J. ANARUMO, D.O., P.A. has the right to change this notice at any time. I may obtain a current copy by contacting the office of B.J. ANARUMO, D.O., P.A.

My signature below constitutes my acknowledgement that I have been provided with a copy of the notice of privacy practices.

\_\_\_\_\_  
Signature of Parent or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If signed by legal representative, relationship to patient