



**Hobdari Family Health**  
1855 Veterans Park Drive, Suite 201  
Naples, FL 34109  
Office: 239.260.1033 Fax: 239.260.1491

## **NOTICE OF PRIVACY PRACTICES**

### **Your Information. Your Rights. Our Responsibilities.**

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As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about you, as a patient of this practice, may be used and disclosed and how you can get access to your individually identifiable health information. **Please review this notice carefully.**

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions



## NOTICE OF PRIVACY PRACTICES

### Your Rights

You have the following rights regarding the PHI that we maintain about you:

#### Get a Copy of Your Paper or Electronic Medical Record:

- You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes.
- In order to inspect and/or obtain a copy of your PHI, you must submit your request in writing to:  
Hobdari Family Health  
1855 Veterans Park Drive, Suite 201  
Naples, Florida 34109
- Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
- Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional, chosen by us, will conduct reviews.

#### Correct Your Paper or Electronic Medical Record:

- You may ask us to amend your health information if you believe it is incorrect or incomplete.
- You may request an amendment for as long as the information is kept by or for our practice.
- Your request must be made in writing and submitted to:  
Hobdari Family Health  
1855 Veterans Park Drive, Suite 201  
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- You must provide us with a reason that supports your request for amendment.
- Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.
- Also, we may deny your request if you ask us to amend information that is, in our opinion:
  - ◆ Accurate and complete;
  - ◆ Not part of the PHI kept by or for the practice;
  - ◆ Not part of the PHI which you would be permitted to inspect and copy; or
  - ◆ Not created by our practice, unless the individual or entity that created the information is not available to amend the information.

#### Request Confidential Communication:

- You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location.
- For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to:  
Hobdari Family Health  
1855 Veterans Park Drive, Suite 201  
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specifying the requested method of contact, or the location where you wish to be contacted.
- Our practice will accommodate reasonable requests.
- You do not need to give a reason for your request.



## NOTICE OF PRIVACY PRACTICES

### Ask Us to Limit the Information We Share:

- You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations.
- Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.
- In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to:

Hobdari Family Health  
1855 Veterans Park Drive, Suite 201  
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Your request must describe in a clear and concise fashion:

- ◆ The information you wish restricted;
- ◆ Whether you are requesting to limit our practice's use, disclosure or both; and
- ◆ To whom you want the limits to apply.

### Get a List of Those with Whom We've Shared Your Information:

- All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations.
- Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse or the billing department using *your information to file your insurance claim*. In order to obtain an accounting of disclosures, you must submit your request in writing to:

Hobdari Family Health  
1855 Veterans Park Drive, Suite 201  
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- All requests for an "accounting of disclosures" must state a time period which may not be longer than six (6) years from the date of disclosure and may not include dates before April 1, 2012.
- The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.

### Get a Copy of this Privacy Notice:

- You are entitled to receive a paper copy of our notice of privacy practices.
- You may ask us to give you a copy of this notice at any time.
- To obtain a paper copy of this notice, contact Hobdari Family Health at (239) 260-1033.

### Choose Someone to Act for You:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.



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## NOTICE OF PRIVACY PRACTICES

### Right to File a Complaint:

- If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.
- To file a complaint with our practice, contact:  
HIPAA Privacy/Security Office  
Hobdari Family Health  
1855 Veterans Park Drive, Suite 201  
Naples, Florida 34109  
(239) 260-1033  
hobdarifamily@yahoo.com
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:  
200 Independence Avenue, S.W.  
Washington, DC 20201  
(877) 696-6775  
or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### Right to Provide an Authorization for Other Uses and Disclosures:

- Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
- Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing.
- After you revoke your authorization, we will no longer use or disclosure your PHI for the reasons described in the authorization. However, any use or disclosure previous to your revocation is not affected. ***Please note that we are required to retain records of your care.***

## Your Choices

You have some choices in the way that we use and share information as we:

### Tell Family and Friends About Your Condition:

- Our practice may release your PHI to a friend or family member who is involved in your care or who assists in taking care of you. *For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.*

### Provide Disaster Relief:

- We may disclose your PHI in disaster relief situations where disaster relief organizations seek your information to coordinate your care or notify family and friends of your location and condition.
- We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

## NOTICE OF PRIVACY PRACTICES

### Market Our Services and Sell Your Information:

- Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

### Provide Mental Health Care:

- Under most circumstances, without your written authorization, we may not disclose the notes a mental health profession took during a counseling session. However, we may disclose such notes:
  - ◆ For treatment and payment purposes;
  - ◆ For state and federal oversight of the mental health professional;
  - ◆ For the purposes of medical examiners and coroners;
  - ◆ To avert a serious threat to health or safety; or
  - ◆ As otherwise authorized by law.

## Our Uses and Disclosures

The following categories describe the different ways in which we may use and disclose your PHI:

### Treat You:

- Our practice may use your PHI to treat you. *For example, we may ask you to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis.*
- We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you.
- Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment.
- We may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.
- We may disclose your PHI to other healthcare providers for purposes related to your treatment.

### Run Our Organization:

- Our practice may use and disclose your PHI to operate our business.
- Our practice may use your PHI to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice.
- We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.
- Our practice may use and disclose your PHI to contact you and remind you of an appointment.

### Bill for Our Services:

- Our practice may use or disclose your PHI in order to bill and collect payment for the services and items you may receive from us. *For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.*



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## NOTICE OF PRIVACY PRACTICES

- We may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.
- We may use your PHI to bill you directly for services and items.
- We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

### **Help with Public Health and Safety Issues:**

Our practice may disclose your PHI to public health authorities who are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
- Notifying your employer under limited circumstances related to workplace injury or illness or medical surveillance.
- Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

### **Research:**

Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

- The use or disclosure involves no more than a minimal risk to your privacy based on the following:
  - ◆ An adequate plan to protect the identifiers from improper use and disclosure;
  - ◆ An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law);
  - ◆ Adequate written assurances that the PHI will not be reused or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;
  - ◆ The research could not practicably be conducted without the waiver; and
  - ◆ The research could not practicably be conducted without access to and use of the PHI.



## **NOTICE OF PRIVACY PRACTICES**

### **Comply with the Law:**

Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

- Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.
- We may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- We may release PHI if asked to do so by a law enforcement official:
  - ◆ Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
  - ◆ Concerning a death we believe has resulted from criminal conduct;
  - ◆ Regarding criminal conduct at our offices;
  - ◆ In response to a warrant, summons, court order, subpoena or similar legal process;
  - ◆ To identify/locate a suspect, material witness, fugitive or missing person; or
  - ◆ In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

### **Respond to Organ and Tissue Donation Requests:**

- Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

### **Work with a Medical Examiner or Funeral Director:**

- Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
- If necessary, we may release information in order for funeral directors to perform their jobs.

### **Workers' Compensation:**

- Our practice may release your PHI for workers' compensation and similar programs.

## **How Else Can We Use or Share Your Health Information?**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

### **Health Oversight Activities:**

Our practice may disclose your PHI to a health oversight agency for activities authorized by law.

Oversight activities can include:

- Investigations, inspections, audits, surveys, licensure and disciplinary actions;
- Civil, administrative and criminal procedures or actions; and
- Other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.



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### **Military:**

- Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

### **National Security:**

- Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
- We may disclose your PHI to federal and national security activities authorized by law.
- We may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

### **Inmates:**

Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials. Disclosure for these purposes would be necessary:

- For the institution to provide health care services to you.
- For the safety and security of the institution and/or to protect your health and safety or the health and safety of other individuals.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

If you have any questions regarding this notice or our health information privacy policies, please contact Hobdari Family Health at (239) 260-1033 or in writing at:

Hobdari Family Health  
1855 Veterans Park Drive, Suite 201  
Naples, Florida 34109



## HOB DARI FAMILY HEALTH

### PRIVACY PRACTICES ACKNOWLEDGEMENT & CONSENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly or indirectly.
- Obtain payment from third-party payers (your insurance company).
- Conduct normal healthcare operations, such as quality assessments and physician certifications.

I have received and reviewed a copy of the Notice of Privacy Practices (in the office or printed out from the website) containing a more complete description of the uses and disclosure of my health information. I understand that HOB DARI FAMILY HEALTH has the right to change its privacy notice and that I may contact HOB DARI FAMILY HEALTH any time to obtain a current copy of the Notice of Privacy Practices. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

HFH Privacy Officer  
1855 Veterans Park Drive, Suite 201  
Naples, Florida 34109

I hereby give my consent for HOB DARI FAMILY HEALTH to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). With this consent, HOB DARI FAMILY HEALTH may call, mail or e-mail my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

I prefer to be contacted regarding my appointment, billing or medical care in the following manner:

- Home Phone: \_\_\_\_\_  Check here if you ONLY want us to leave a call back phone #
- Work Phone: \_\_\_\_\_  Check here if you ONLY want us to leave a call back phone #
- Cell Phone: \_\_\_\_\_  Check here if you ONLY want us to leave a call back phone #
- Written Communication ONLY (we will send all information to your home address, unless requested differently)
- Other: (Please specify: \_\_\_\_\_)

I authorize the following persons to be contacted regarding my appointments, billing or medical care:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

By signing this form, I am consenting to allow HOB DARI FAMILY HEALTH to use and disclose my PHI to carry out TPO.

\_\_\_\_\_  
Signature of Patient (or Legal Guardian)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Legal Guardian's Name (if applicable)