



## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### *PLEASE REVIEW IT CAREFULLY*

If you have any questions about this notice, please contact our Privacy Officer at (850) 708-7059. Bay Point Healthcare understands your privacy is important. This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to control your protected health information. 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 or payment.

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### Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains personal demographic information, 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 source of information for public health officials charged with improving the health of the nation;
- A source of data for facility planning and marketing; and
- 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 the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. However, we are not required to agree to the restriction;
- Inspect and copy your health record as provided for in 45 CFR 164.524 and Florida law.
- Usually this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- Amend your health record as provided in 45 CFR 164.526. To request an amendment, your request must be in writing and must provide a reason that supports your request. We may deny your request if you ask to amend information that:
  - Was not created by us;
  - Is not part of the medical information kept by BPHC;
  - Is not part of the information which you would be permitted to inspect or copy; or
  - Is accurate or complete.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- To request this list or accounting of disclosures, your request must be in writing and must state the time period which may not be longer than six years and may not include dates before October 15, 2023. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.
- Request communications of your health information by alternative means or at alternative locations;
- Receive confidential communications of protected health information as provided in 45 CFR 164.522 (b), as applicable;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Copies of the regulations cited above may be requested from the Privacy Officer by calling (850) 708-7059.

## Our Responsibilities

Bay Point Healthcare 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 to make the new provisions effective for all protected health information we maintain. Should our information practices change significantly, we will post the new notice in each BPHC location as well as on our Web site: [www.baypoint.healthcare](http://www.baypoint.healthcare). You can also request a copy of our notice at any time.

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 have questions and would like additional information, you may contact BPHC's Privacy Officer at (850) 708-7059.

If you believe your privacy rights have been violated, you can file a complaint by contacting BPHC's Privacy Officer at (850) 708-7059 or you may send a written complaint to the Secretary, U.S. Department of Health and Human Services. BPHC's Privacy Officer can provide you with the appropriate address upon request. There will be no retaliation for filing a complaint.

### Examples of Disclosures for Treatment, Payment and Health Care 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. Different departments within Bay Point Healthcare may share medical information about you in order to coordinate different services you need, such as prescriptions, lab work and X-rays. We may also disclose medical information about you to people outside BPHC who may be involved in your medical care, such as hospitals, long-term care facilities, ambulatory surgery centers or home health agencies.

We will also provide a referring physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you.

*We will use your health information for payment.* For example, a bill may be sent to you or an insurance company (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 tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

*We will use your health information for regular healthcare operations.* For example, in day-to-day business practices, trained staff may handle your physical medical record in order to have the record assembled or for filing reports into your record. Certain data elements are entered into our computer system that processes most billing, schedules your appointments and for statistical reporting. As part of our improvement efforts to provide the most effective services, your record may be reviewed by professional staff to assure accuracy, completeness and organization.

This information may be shared by facsimile transmission.

### Other Uses or Disclosures

Location Address: 12216 PCB Pkwy Ste D, PCB, FL 32407 | Mailing Address: 1016 Thomas Drive Ste 262, PCB, FL 32408  
Phone: (850) 708-7059 | Fax: (850) 279-9546 | [www.baypoint.healthcare](http://www.baypoint.healthcare)

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include our using an outside transcription service to type physicians' dictated notes or a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. So that your health information is protected, however, we require the business associate to agree in writing to appropriately safeguard your information.

*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.

*Coroners, Medical Examiners and Funeral Directors:* We may disclose 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 may also release medical information about patients to funeral directors consistent with applicable law to carry out their duties.

*Organ Procurement Organizations:* If you are an organ donor, 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.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

*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 to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify 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 when you agree or when required

- or authorized by law.

*Correctional Institution:* If you are an inmate of a correctional institution or under the custody of a law enforcement official, 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:

- In response to a court order, valid subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Clinic; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

#### Other Uses and Disclosures of Your Information by Authorization Only

When you request information to be disclosed to another party or yourself, we will respond according to federal and state law.

We are required to get your authorization to use or disclose your protected health information for any use other than treatment, payment or health care operations, and those specific circumstances outlined above. We use an Authorization to Use/Disclose form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement given to us to that effect.

This Notice of Privacy Practices is effective October 15, 2023.

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## OWNERSHIP DISCLOSURE

I understand that Bay Point Healthcare, LLC is a physician-owned medical practice comprised of the offices of primary care physicians, specialty care physicians and associated ancillary services. These ancillary services may include laboratory, pathology, radiology/diagnostic, physical therapy, pharmacy and ambulatory surgery center services. During the course of my care, I may be referred to one or more of these ancillary departments. I have the right to choose where to receive these services. I understand I am not obligated to receive these services at a Bay Point Healthcare ancillary department.

## ACKNOWLEDGEMENT OF RECEIPT - NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Bay Point Healthcare's Notice of Privacy Practices, which describes how BPHC will use and protect my health information. This Notice describes my rights under the Health Insurance Portability and Accountability Act (HIPPA) and BPHC's policies on use and disclosure of my protected health information.

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| <b>Name of Patient</b>      | <b>Name of Guardian or Personal Representative/Responsible Party</b>      |
| <b>Signature of Patient</b> | <b>Signature of Guardian or Personal Representative/Responsible Party</b> |
| <b>Date</b>                 | <b>Date</b>   |