

## **HIPAA NOTICE OF PRIVACY PRACTICES**

### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE WILL REVIEW HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION.**

**PLEASE REVIEW. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. OUR LEGAL DUTY**

Express Provider Services, PLLC (referred to as “Express Provider Services,” “we,” or “us”) is committed to maintaining the privacy of your health information. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to provide you this Notice about our privacy practices, our legal duties, your rights concerning your health information, and to notify you of a breach of your unsecured health information. We must follow the privacy practices that are described in this Notice while it is in effect. The terms of this Notice apply to all records containing your health information that are created or retained by us.

**Applicability and Changes to this Notice:** This Notice takes effect July 14, 2022, and will remain in effect until we replace it. This Notice will be followed by all employees providing services at Express Provider Services, PLLC. We reserve the right to revise or amend this Notice and any changes made to this Notice will be effective for all of your medical records that we have created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our Notice at any time. For information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of the Notice.

### **YOUR RIGHTS**

This section explains your rights and some of our responsibilities to help you exercise those rights.

**Right to access medical records:** You have the right to get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You may request access by sending a letter to the Privacy Officer, whose contact information is listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If your request copies we will charge you \$1 for each page, \$25 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you.

**Right to Request an Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain a reason for your request and identify the records you would like amended. We may deny your request under certain

circumstances. To request an amendment, your request must be made in writing and submitted to the Express Provider Services Privacy Officer.

Right to disclosure accounting: You can ask for a list (an accounting) of the times we have shared your health information for six years prior to the date you requested, who we shared it with and why. We will include all disclosures except those regarding payment and health care operations, or disclosures requested by you. We will provide one accounting a year for free. A reasonable, cost-based fee will be charged for an additional accounting request made within the same 12-month period. To request an accounting, please submit your request in writing to the Privacy Officer, whose contact information is included at the end of this Notice.

Right to alternative communication: You have the right to request that we communicate with you about your health information by alternative means or to an alternative location. We will agree to all reasonable requests. To request alternative communication, you must submit a written request to our Privacy Officer specifying the requested method of contact for billing purposes, or the location where you wish to be contacted. You are not required to give a reason for your request.

Right to request restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement in writing and will comply with the restriction, except in an emergency or required by law to disclose it. If you self-pay for services or health care items in full (out-of-pocket/ don't use insurance), you can ask us not to share that information for the purpose of payment or our operation with your health insurer. We will agree unless a specific law requires us to share this information.

Right to a personal representative: If you have given someone medical power of attorney or if someone is your legal guardian, they can exercise your rights and make choices about your health information. This Notice also applies to minors, disabled adults, or others that are incapable of making health care decisions for themselves or who choose to designate someone to act on their behalf. Personal Representatives (including parents of minors and legal guardians) can exercise the rights as described in this Notice. In certain situations under State Law where prior authorization of a minor patient is required before certain actions can be taken. We will comply with applicable State Laws in this regard.

Right to file a complaint: If you feel your privacy rights have been violated, you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may submit your complaint 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, 200 Independence Avenue, S.W. Washington, D.C. 20201, or calling 1-877-696-6775. Or by visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Right to receive paper copy of this notice: You are entitled to receive a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically. A current copy of this Notice is also available on our website at <https://www.expressproviderservices.com>.

## **PERMISSIBLE USES AND DISCLOSURES OF HEALTH INFORMATION**

Express Provider Services, PLLC may use or share your health information in the following ways, with your prior authorization

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider who provide treatment to you. For example, your primary care physician or if you need to go to the emergency department following our visit.

Payment: We may use and disclose your health information to bill and obtain payment from health plans for the services we provide to you.

Health Information Exchanges (“HIE”): We may participate in one or more HIE. HIEs allow health care organizations participating in the same HIE to share health information as appropriate to support timely care coordination and quality health care. If we participate in a HIE, we will comply with applicable state law related to consent and/or opt-out requirements.

Research: We can use or share your medical information for research purposes. However, if we participate in research, several conditions must be met by law before we can share your medical information for research purposes.

## **OTHER USES & DISCLOSURES**

We can share health information about you for certain conditions/situations such as the following:

Public health & safety purposes: Preventing communicable diseases, helping with product recalls, for reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence or in prevention of a serious threat to anyone’s health and safety.

Compliance with the law: We will share your health information if state or federal law requires it, including with the Department of Health and Human Services if they want to see that we are complying with federal privacy law.

Medical examiners & funeral directors: We can share health information with a coroner, medical director, or funeral director in accordance with the law in the event of death.

Workers' compensation: We can share health information for workers' compensation claims and similar programs subject to the requirements of State Law.

Law enforcement & other government requests: We may share health information for law enforcement purposes or with a law enforcement official, health oversight agencies for activities authorized by law and for special government functions such as military, national security, and presidential protective services.

Court orders and subpoenas: We can share your health information in response to a court or administrative orders, or in response to a subpoena.

Electronic communications not secure: By choosing to correspond with us via unsecure electronic communication platforms (i.e. regular email or SMS messaging), you are acknowledging and accepting these risks. Risks include possible interception of information by unauthorized parties, misdirected emails or SMS messages, shared accounts, message forwarding, or storage of the information on unsecured platforms and/or devices. We do not advise communicating with Protected Health Information should only be communicated or exchanged with your provider by an approved secure method.

Effective date of HIPAA policy 06/14/2022

Contact the Privacy Officer  
Phone: 813-263-9945  
Email: [info@expressproviderservices.com](mailto:info@expressproviderservices.com)

By mail:  
Express Provider Services, PLLC  
Attention: Privacy Officer  
8130 Lakewood Main St. Suite 103  
Lakewood Ranch, FL 34202