



NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2024

This Notice of Privacy Practices describes how medical information about you may be used, disclosed and how you can get access to this information. Please review it carefully.

Florida Electrophysiology Associates, PA. ("Florida Electrophysiology Associates") is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice of Privacy Practices or if you want more information about the privacy practices at Florida Electrophysiology Associates, please contact:

- Office Manager at 180 JFK Drive, Suite 311 - Atlantis, FL 33462

I. How Florida Electrophysiology Associates May Use or Disclose Your Health Information

Florida Electrophysiology Associates collects health information from you and stores your patient chart in paper and/or electronic form. This is your medical record. The medical record is the property of Florida Electrophysiology Associates, but the information in the medical record belongs to you.

Florida Electrophysiology Associates protects the privacy of your health information. The law permits Florida Electrophysiology Associates to use or disclose your health information for the following purposes:

1. **Treatment.** Florida Electrophysiology Associates may use your health information to determine a course of treatment, to coordinate care within the office, to coordinate care with other healthcare professionals or to others health care professionals outside of Florida Electrophysiology Associates involved in your care. For example, our office might disclose your health information to other health care providers involved in the course of your treatment.
2. **Payment.** Florida Electrophysiology Associates may use your health information to seek approval for certain services, bill for those services and collect payment from third-party payers. For example, Florida Electrophysiology Associates will send an invoice to your health insurance company to provide them with the necessary information for payment of our services. In the event that you paid out-of-pocket in full for a service or item, upon your request, we will not disclose your health information related to the service or item to a health plan.
3. **Regular Health Care Operations.** Florida Electrophysiology Associates may use and disclose health information within its own operations to facilitate the function of our offices, diagnostic centers or laboratory and as necessary to provide quality care to all of our patients. Florida Electrophysiology Associates's healthcare operations include activities such as:
 - a. Quality assessment and improvement measures;

- b. Activities designed to improve health or reduce healthcare costs;
 - c. Professional review and performance evaluation;
 - d. Review and auditing, including compliance reviews, medical reviews and compliance programs.
4. Information Provided to You. Additionally, Florida Electrophysiology Associates may contact you to provide appointment reminders, refill reminders or information about the drugs you are taking, information about alternative treatments, health-related benefits and services that may be of interest to you, or other information related to the management and coordination of your care, as permitted by law.
5. Notifications & Communication with Family. Florida Electrophysiology Associates may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by Law. As required by law, Florida Electrophysiology Associates may use and disclose your health information.
7. Public Health. As required by law, Florida Electrophysiology Associates may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; report domestic violence; reporting to the Food & Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
8. Health Oversight Activities. As required by law, Florida Electrophysiology Associates may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial & Administrative Proceedings. As required by law, Florida Electrophysiology Associates may disclose your health information in the course of any administrative or judicial proceeding.
10. Law Enforcement. As required by law, Florida Electrophysiology Associates may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased Person Information. As required by law, Florida Electrophysiology Associates may disclose your health information to coroners, medical examiners and funeral directors.
12. Organ Donation. As required by law, Florida Electrophysiology Associates may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Public Safety. Florida Electrophysiology Associates may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. Specialized Government Functions. Florida Electrophysiology Associates may disclose your health information for military, national security and prisoner- related purposes.

15. Worker's Compensation. Florida Electrophysiology Associates may disclose your health information as necessary to comply with worker's compensation laws.
16. Business Associates. Florida Electrophysiology Associates may disclose your health information to business associates who perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. All business associates are obligated by law and under contract with Florida Electrophysiology Associates to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the contract.
17. Other Uses. Florida Electrophysiology Associates may encourage you to use a healthcare product or services only as permitted by law or with your authorization. We will ask for your authorization before we provide you with information about case management, care coordination, alternative treatments or benefits and other information that is paid for by a third party, such as a drug company. We will never sell your information to a third-party without your authorization.
18. SMS Messaging. With your express verbal consent you may receive updates, appointment reminders, or other relevant information in the form of SMS. SMS consent and phone numbers will never be shared with third parties or affiliates under any circumstances. SMS consent is not shared with any third parties or affiliates for marketing purposes. Messaging frequency may vary. Message and data rates may apply. You can opt out at any time by texting "STOP."
19. Change of Ownership. In the event that ownership of Florida Electrophysiology Associates changes, the ownership of your health information will conform to applicable state and federal laws.
20. Breach Notification. In the event that Florida Electrophysiology Associates discloses your health information contrary to this Notice of Privacy Practices or the law, such as due to an unforeseen technology problem, as required by law, we will notify you and respond to the breach.

II. When Florida Electrophysiology Associates May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Florida Electrophysiology Associates will not use or disclose your health information without your written authorization. If you do authorize Florida Electrophysiology Associates to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Florida Electrophysiology Associates is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through reasonable alternative means or at an alternative location. For example, you may request that Florida Electrophysiology Associates conduct communications pertaining to your health information with you privately with no other family members present. You can request this information in writing and Florida Electrophysiology Associates will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. You have the right to inspect and copy your health information.
4. You have a right to request that Florida Electrophysiology Associates amend your health information that is incorrect or incomplete. Florida Electrophysiology Associates is not required to change your health information and will provide you with information about Florida Electrophysiology Associates' denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by Florida Electrophysiology Associates, except that Florida Electrophysiology Associates does not have to account for the disclosures described in Parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 15 (certain government functions), or 16 (business associates) of Section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Office Manager of this location (561) 983-6175.

IV. Changes to this Notice of Privacy Practices

Florida Electrophysiology Associates reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Florida Electrophysiology Associates is required by law to comply with this Notice of Privacy Practices. Any amendments made to this Notice of Privacy Practices will be posted in the office waiting room within 10 days of changes and a paper copy is available upon request.

V. Complaints

Complaints about this Notice of Privacy Practices or how Florida Electrophysiology Associates handles your health information should be directed to:

- Office Manager at 180 JFK Drive, Suite 311 - Atlantis,
FL 33462

If you are not satisfied with the manner in which your complaint is handled, you may submit a formal complaint to:

- Region IV, Office for Civil Rights
- U.S. Department of Health and Human Services

Florida Electrophysiology Associates will not retaliate against any person for filing a complaint.