

Notice of Privacy Practices



NOTICE OF PRIVACY PRACTICES

THIS NOTICE EXPLAINS HOW YOUR HEALTH INFORMATION MAY BE USED, DISCLOSED, AND HOW YOU CAN ACCESS IT. PLEASE READ IT CAREFULLY.

Dove Medical Clinic LLC is committed to protecting the privacy of your protected health information ("PHI") as required by the Health Insurance Portability and Accountability Act (HIPAA). This Notice outlines our legal obligations and privacy practices. References to "we," "us," and "our" include all workforce members involved in your care, who are required to follow the terms outlined here.

This Notice is also available on our website at www.dovemedicalclinic.net. You may request additional copies at any time. We reserve the right to update our policies, and any changes will apply to all PHI we maintain.

How We Use and Disclose Your PHI

PHI includes any information we create or maintain—whether verbal, written, or electronic—that identifies you and relates to your past, present, or future health, the care you receive, or payment for services.

Below are examples of how we may use or share your PHI. While this list is not exhaustive, it provides an overview of common practices.

Uses and Disclosures That Do Not Require Your Prior Authorization

We may use or disclose your PHI for the following purposes:

- **Treatment:** To coordinate and provide medical care. This may include sharing information with doctors, nurses, pharmacies, and other healthcare providers involved in your care.
- **Payment:** To process claims and receive payment from insurers or other payors for services rendered. This may also involve verifying coverage or billing third parties.
- **Healthcare Operations:** For administrative purposes such as quality improvement, staff performance monitoring, and compliance activities.
- **Health Information Exchange (HIE):** We may share PHI through HIEs to facilitate better coordination of your care. You have the right to opt-out by contacting the Facility Manager.
- **Business Associates:** Third-party service providers (e.g., billing, legal, or consulting services) that assist us in operations are required by contract to protect your PHI.
- **Employers:** If you undergo employer-requested health services (e.g., drug testing), we may share results with your employer as permitted by law.

Notice of Privacy Practices



- **Workers' Compensation:** To comply with laws related to work-related injuries or illnesses.
- **As Required by Law:** To comply with federal, state, or local legal obligations, including DOT medical evaluations submitted to the Federal Motor Carrier Safety Administration (FMCSA).
- **Public Health & Safety:** To report disease outbreaks, adverse drug reactions, product recalls, or to prevent serious threats to health or safety.
- **Legal & Law Enforcement:** To comply with court orders, subpoenas, or to assist in locating missing persons.
- **Disaster Relief:** To agencies like the Red Cross to assist in emergency response efforts.
- **Correctional Institutions:** If you are incarcerated, your PHI may be shared with prison authorities as necessary.
- **Coroners, Medical Examiners, and Funeral Directors:** For identifying a deceased person or determining the cause of death.
- **Organ Donation:** To facilitate organ, eye, or tissue donation.
- **Military & National Security:** If you are in the military or involved in national security operations, we may share information as required by appropriate authorities.
- **Victims of Abuse or Neglect:** If required or permitted by law, we may report PHI to authorities.

Uses and Disclosures That Require Your Authorization

For any other uses or disclosures beyond those listed above, we will obtain your written authorization. This includes most marketing uses of PHI. You may revoke your authorization at any time by submitting a written request, unless we have already relied on it.

Your Rights Regarding Your PHI

You have the following rights regarding your health information:

- **Request a Copy of This Notice:** You may request a paper copy at any time, even if you previously agreed to receive it electronically.
- **Access and Obtain a Copy of Your PHI:** Submit a written request to the Office Manager to access or receive copies of your medical records. If records are electronic, you may request an electronic copy. Reasonable fees may apply.
- **Request Amendments:** If you believe your PHI is incorrect or incomplete, you may request a correction in writing, explaining why the change is needed.
- **Request Restrictions:** You may request restrictions on how your PHI is used or disclosed. While we are not always required to agree, we will comply with requests to restrict disclosures to health plans when services are fully paid out-of-pocket.

Notice of Privacy Practices



- **Request an Accounting of Disclosures:** You may request a list of certain disclosures made, subject to limitations. Fees may apply for multiple requests within a 12-month period.
- **Request Confidential Communication:** You may ask us to contact you in a specific way (e.g., at a different address or via email). While we will make reasonable accommodations, electronic communication may not be secure.
- **Notification of a Breach:** We will inform you promptly if a breach occurs that compromises the security of your PHI.

For any requests regarding your PHI, please contact the Office Manager.

Contact Information

If you have questions about this Notice or your privacy rights, please contact:

Dove Medical Clinic LLC

35600 North US Highway 27, Haines City, FL 33844

P: (863) 777-2899 F: (863) 594-1631

Info@dovemedicalclinic.net