

# HIPAA Notice of Privacy Practices

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**Minimally Invasive Surgical Specialists, LLC**  
8142 Bellarus Way, Suite 101, Trinity FL 34655

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for purposes that are permitted or required by law. It also describes your rights to access and 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 and related health care services.

## **Uses and Disclosure of Protected Health information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician and other use required by the law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes coordination or management of your health care third party. For example, we would disclose your PHI as necessary to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay, surgery or diagnostic imaging that may require your PHI be disclosed to the health plan to obtain approval for these services.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support business activities for your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training medical staff/students that see patient in our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal proceeding: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosure: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500

**Other Permitted and Required Uses and Disclosures** will be made only with your consent, authorization or opportunity to object unless required by the law.

**You may revoke this authorization at any time**, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorizations.

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Relationship to patient** \_\_\_\_\_

**Witness:** \_\_\_\_\_