



NOTICE OF PRIVACY PRACTICES

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.

SIMEDHealth, L.L.C. is committed to treating and using your protected health information responsibly. This “Notice” is effective December 1, 2024, and describes the personal information we collect, and how and when we use or disclose that information; describes your rights as they relate to your protected health information (PHI); and applies to all protected health information, including substance use disorder records, as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit **SIMEDHealth**, a record of your visit is made. Typically, this record contains your symptoms, findings, test results, diagnoses, treatment, and plans for future care or treatments. This information, often referred to as your health or medical record, serves as:

- A legal document describing the encounter and care you received.
- A basis for planning your care and treatment.
- A tool in educating health professionals.
- Means of communication among the many health professionals who contribute to your care.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- A tool in educating health professionals.
- A source of data for our planning and marketing.

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, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of **SIMEDHealth**, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record.
- Request an amendment to your health record.
- Obtain an accounting of disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

SIMEDHealth is required to:

- Abide by the terms of this notice.
- Maintain the privacy of your health information.
- Notify you if we are unable to agree to a requested restriction.
- Provide you, when requested, with this notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
- 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 “Notice” change, we will provide you with a copy upon request. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. **For example:** Information obtained by a staff member, physician, or other member of your health care team will be recorded in your health record and used to determine the course of treatment that should work best for you. Your healthcare provider will document in your record their expectations of the members of your health care team. Members of your health care team will

then record the actions they took and their observations. In that way, the healthcare provider will know how you are responding to treatment. We will also provide your physicians or a subsequent health care provider with copies of various reports that should assist in treating you once your course of treatment from **SIMEDHealth** is completed. Relevant records provided to us from an outside provider or healthcare entity may be forwarded for treatment purposes if those records were used in medical decision making by the **SIMEDHealth** team.

Information obtained by **SIMEDHealth** may be used to dispense medications and may be used to monitor the safety, compliance and effectiveness of your drug therapy. We may contact you to provide refill reminders, counseling, treatment alternatives, drug utilization review and other services we provide.

We will use your health information for payment. **For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, medications and supplies used.

We will use your health information for regular health operations. **For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. Possible examples include outside billing services and crediting agencies, outside vendors for certain laboratory tests or courier services, or copy services 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 and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

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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.

Communication from offices: We may call your home or other designated location and leave a message on voice mail or in person in reference to any Items that assist the Practice in carrying out Treatment, Payment and Operations (TPO), such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail to your home or other designated location any items that assist SIMEDHealth in carrying out TPO, such as appointment reminder cards, and patient statements as long as they are marked PERSONAL.

Open Treatment Areas: Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, some patient information may be overheard by others while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our medical staff and request to speak with our privacy officer.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed their research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

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. We are prohibited from selling your PHI without your authorization and have limitations on the use and disclosure of your PHI for marketing and fundraising purposes.

Food and Drug Administration (FDA): We may disclose to the FDA health information related 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.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Abuse or neglect: We may disclose health information to a government authority if there is reasonable belief that an individual is a victim of abuse or neglect.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order, subpoena, or summons.

Reproductive Health Care

It is impermissible for us to use or disclose PHI for activities with the purpose of investigating or imposing liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which it was provided, or to identify any person for such purposes.

Attestation will be required for any health oversight activities, judicial and administrative proceedings, law enforcement purposes, or disclosure to coroners or medical examiners that such use or disclosure is not for a prohibited purpose.

Non-Discrimination Notice

Discrimination is against the law. SIMEDHealth, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Individuals with Disabilities and/or Limited English Proficiency

SIMEDHealth, LLC provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). SIMEDHealth also provides free language assistance services to people whose primary language is not English, which may

include qualified interpreters and/or information written in other languages.

Employment

It is impermissible for the use of genetic information for underwriting and employment purposes.

Disclosures

We will make every effort to meet the obligations required of us as a covered entity to protect your PHI. However, should a breach occur, you have the right to be notified. We will follow all laws and regulations in reporting any breach.

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.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact SIMEDHealth's **Corporate Compliance Officer, 4343 Newberry Road, Suite 18, Gainesville, FL. 32607 or (352) 224-2200**. If you believe your privacy or civil rights have been violated, you can file a complaint with the practice's Compliance Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either party. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

This document is available in alternative formats and languages. Please speak with a member of your healthcare team for assistance.