

WEEMS MEDICAL CENTERS NOTICE OF PRIVACY PRACTICES

To our patients: This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

Your rights regarding your health information

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have a right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing.
4. You may ask us to amend your health information if it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, you must submit your request in writing. You must provide us with a reason that supports your request for amendment.
5. You are entitled to receive a copy of the Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. You have a right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

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7. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contact information for HHS: Secretary of the Department of Health and Human Services
Region IV-Office of Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suits 3B70
61 Forsyth Street, SW
Atlanta, GA 30303-8980
Phone: 404-562-7886
Fax: 404-562-7881
OCRCComplaint@hhs.gov

OTHER IMPORTANT NUMBERS

Medicaid Fraud	1-888-419-3456 TTY 1-800-955-8771	http://ahca.myflorida.com/Medicaid/complaints/
Agency for Health Care Administration	1-888-419-3456 TTY 1-800-955-8771	www.ahca.myflorida.com www.floridahealthfinder.gov
Medicare Fraud	1-800-MEDICARE (1-800-633-4227)	www.stopmedicarefraud.gov
Ombudsman Council	1-850-414-2000 TTY 1-850-414-2001	www.ombudsman.myflorida.com
Medicare Information	1-800-633-4227	www.medicare.gov
Social Security	1-800-772-1213 TTY 1-800-325-0778	www.socialsecurity.gov/onlineservices
Report Abuse or Neglect	1-800-962-2873 TTY 1-800-453-5145	http://www.myflfamilies.com/service-programs/abuse-hotline/report-online
Office of Licensure & Certification	1-850-488-0595	www.floridahealth.gov

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If at any time you feel we are not meeting your expectations, please report your concerns to the staff caring for you. However, if you feel your concerns are not being addressed or you would prefer to speak to a member of our administrative staff, please feel free to use the contact information below.

Chief Executive Officer	H. D. Cannington	(850)653-8853 ext. 109	hcannington@weemsmemorial.com
Chief Financial Officer	Jordan Fulkerson	(850)653-8853 ext. 132	jfulkerson@weemsmemorial.com
Compliance Officer	Ginny Griner	(850)653-8853 ext. 106	ggriner@weemsmemorial.com
Patient Safety Officer	Courtney Alford	(850)653-8853 ext. 108	calford@weemsmemorial.com
Privacy Officer	Bobbie Turrell	(850)653-8853 ext. 117	bturrell@weemsmemorial.com
Safety / Environment of Care Officer	Craig Gibson	(850)653-8853 ext. 123	cgibson@weemsmemorial.com