YOUR INFORMATION.
YOUR RIGHTS.
OUR RESPONSIBILITY.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.
• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Contact Release of Information at 863-904-2652.
• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.
• You can ask us to correct health information about you that you think is incorrect or incomplete.
• You must give us your request in writing and a reason supporting your requested amendment. Contact Release of Information at 863-904-2652. We can give you a form to use to make your amendment request.
• We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications.
• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
• We will say “yes” to all reasonable requests.

Ask us to limit what we use or share.
• You can ask us not to use or share certain health information for treatment, payment or our operations.
• We are not required to agree to your request, and we may say “no”. For example, we may refuse your request for a restriction if it would affect your care.
• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information.
• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.
• We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make), except if required by regulation. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.
• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.
• If someone is your legal guardian or you have given someone medical power of attorney, that person can generally exercise your rights and make choices about your health information. A copy of this document must be provided to the Privacy Office.
• We will take reasonable steps to make sure the person has this authority and can act for you before we take any action.
• Information will be shared after death as permitted by HIPAA.

File a complaint if you feel your rights are violated.
• You can complain if you feel we have violated your rights by contacting us by calling the Compliance & Privacy Hotline 1-800-569-9720.
• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-696-6775 or visiting www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html.
• We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. We will follow your instructions if feasible or otherwise required by law.

In these cases, you have both the right and choice to tell us:
• Share information with your family, close friends or others involved in your care.
• Share information in a disaster relief situation.
• Contact you for fundraising efforts.
• If you are not able to tell us your preference, for example if you are unconscious or not present, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Unless you give us written permission, except as otherwise provided in this notice or applicable law, we will not:
• Sell your information, or
• In most cases share your psychotherapy notes, or
• Use or share your information for marketing purposes (except we may communicate with you face-to-face, provide nominal promotional gifts, and provide appointment reminders or other health-related information, possible treatment alternatives, benefits and services that may be useful or of interest to you).

In the case of fundraising:
• We may contact you and use certain limited information for fundraising efforts, but you can tell us not to contact you again by writing the Privacy Officer.

OUR USES AND DISCLOSURES

We typically use or share your health information to:
• Treat you.
• We can use your health information and share it with others who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization and for other health care operations.
• We can use and share your health information to run our practice, improve your care, contact you, and for other health care operations purposes. We may use it to conduct training programs, including programs for outside students and observers. We can share your information with our business associates as described on this form.

Example: We use health information about you to manage your treatment and services. We may use it to create de-identified health information to use for all lawful purposes.

Bill for your services.
• We can use and share your health information, including your contact information, to contact, bill and get payment from you, your guarantor, health plan(s), and any other entity or individual responsible for payment, and for other payment purposes, including accounting, debt-collection and related financial communication.

Example: We give information about you to your health insurance plan so it will pay for your services.

Electronic Health Information Exchange.
• Health Information Exchange (HIE) allows doctors, hospitals, and other health care providers, as well as health plans and other entities, to share health information about patients electronically. This is done for several purposes, including, but not limited to, treatment, quality assurance, state law reporting requirements, health care operations, and payment. Watson Clinic physicians and staff, hospitals, and other health care providers may share and receive your health care information electronically through various health information exchange connections with other health care providers and payors. HIE networks and organizations are required to comply with laws and rules that protect the privacy and security of your health information.

Example: We may exchange your information electronically with providers and other covered entities including, but not limited to, hospitals and surgery centers, for treatment, payment or health care operations purposes.

OPTING OUT of HIE: You have the ability to OPT OUT of HIE by using the OPT OUT form located on the Clinic’s website www.watsonclinic.com and mailing it to the Privacy Office address on this notice, or requesting the form at a reception desk at any Clinic locations. We will consider all requests, but there are some circumstances where we will still be required to share your information electronically. For example, even if you opt out, we will still need to submit claims electronically if required by your health plan.
Help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect or domestic violence.
- Preventing or reducing a serious threat to anyone’s health or safety.

Do research.

- We can use or share your information for health research as permitted by applicable laws and rules.

Comply with the law.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with Federal privacy law.

Respond to organ and tissue donation requests.

- We can share health information with a coroner, medical examiner, or funeral director after a person’s death.

Address workers’ compensation, law enforcement, and other government requests.

- We can use or share health information about you:
  - For workers’ compensation claims.
  - For special government functions such as military, national security, and other government requests.
  - For workers’ compensation claims.
  - For organ and tissue donation requests.
  - For reporting suspected abuse, neglect or domestic violence.
  - For national security, and other government requests.

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

The effective date of this Notice is February 3, 2020.

This Notice of Privacy Practices applies to the following organization:

Watson Clinic LLP
P.O. Box 95000
Lakeland, FL 33804-5000
Compliance & Privacy Hotline: 1-800-569-9720

If you need the above services, please call 863-904-3080.
If you believe that the Clinic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by contacting:

Patient Advocate
1600 Lakeland Hills Boulevard
Lakeland, FL 33805
Phone: 863-660-7269
Fax: 863-616-2460
PatientAdvocate@WatsonClinic.com

You can file a grievance in person, by phone, fax, mail or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/complaints/index.html.

En Español (Spanish): Si habla español, hable a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-805-904-3080.


繁體中文 (Chinese): 如果您使用繁體中文，您可以免費使用語言援助服務。請撥電 1-805-904-3080.


ภาษาไทย (Thai): ถ้าคุณพูดภาษาไทยคุณสามารถขอความช่วยเหลือได้โดยโทร 1-805-904-3080.