

# **NOTICE OF PRIVACY PRACTICES**

Effective Date: October 24, 2019

Updated: January 26, 2024

**THIS NOTICE OF PRIVACY PRACTICES (“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.**

Respect for our patients’ privacy is highly valued at HSS Florida Physicians, LLC (HSSFP). Not only is it what our patients expect, it is the right way to conduct health care. As required by law, we will protect the privacy of health information that may reveal your identity and provide you with a copy of our Notice which describes the health information privacy practices of HSSFP, its medical staff and affiliated health care providers when, providing health care services for HSSFP. Our Notice will be prominently posted. You will also be able to obtain your own copy of our Notice by accessing our website at <https://www.hss.edu/hss-florida.asp>, calling HSSFP at 561.657.4600, or asking for one at the time of your next visit.

*If you have any questions about this Notice or would like further information, please contact HSSFP’s Executive Director, who serves as the HSSFP Privacy Officer, at 561.657.4600.*

## WHO WILL FOLLOW THE PRACTICES IN THIS NOTICE?

HSS Florida Physicians, LLC provides health care to patients together with physicians and other health care professionals and organizations. The privacy practices described in this Notice will be followed by:

- Any health care professional who provides direct services to treat you at HSSFP; and
- All employees, medical staff, trainees, students, and volunteers at HSSFP who provide direct services.

The privacy practices described in this Notice do not apply when care is being provided to you in the private offices of HSSFP's medical staff or other health care professionals. For example, if a doctor provides surgical services at HSSFP, the privacy practices described in this Notice will apply. If you are seen by the same doctor for a follow-up appointment at his or her private office, the privacy practices in this Notice will not apply. The doctor should provide you with a separate Notice explaining the privacy practices that will apply to his or her private office. In addition, the privacy practices described in this Notice do not apply to members of HSSFP's medical staff or other members of our workforce when they treat you at other hospitals or facilities.

## PERMISSIONS DESCRIBED IN THIS NOTICE

This Notice will explain the different types of permission we will obtain from you before we use or disclose your health information for certain purposes. The two types of permissions referred to in this Notice are:

- An “opportunity to object” which we will provide to you before we may use or disclose your health information for certain purposes. In these situations, you will have an opportunity to object to the use or disclosure of your health information in person, over the phone, or in writing.
- A “written authorization” in which we will provide you with detailed information about who may receive your health information for certain specific purposes. We will only be permitted to use and disclose your health information described on the written authorization in the ways that are explained on the written authorization form you have signed. A written authorization will have an expiration date or event.

## WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a patient at HSSFP or receiving treatment or other health-related services from HSSFP;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);

*when combined with:*

- demographic information (such as your name, address, or insurance status);

- unique numbers that may identify you (such as your Social Security number, your phone number, or your driver's license number); or
- other types of information that may identify who you are.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**Requirement for Written Authorization.** We will generally obtain your written authorization before using your health information or sharing it with others outside HSSFP.

**Exceptions to Written Authorization Requirement.** There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

### 1. Treatment, Payment, and Health Care Operations

*We may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our health care operations. In some cases, we may also disclose your health information for payment activities and certain health care operations of another health care provider or payor.*

**Treatment.** We may share your health information with doctors, nurses and other health care providers at HSSFP who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at HSSFP may share your health information with another doctor inside HSSFP, or with a doctor at another hospital, to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

**Payment.** We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment. Finally, we may share your information with other health care providers and payors for their payment activities.

**Health Care Operations.** We may use your health information or share it with others in order to conduct our health care operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide. Finally, we may share your health information with other health care providers and payors for certain of their health care operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

**Appointment Reminders, Treatment Alternatives, or Distribution of Health-Related Benefits and Services.** In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. However, to the extent a third party provides financial remuneration to us so that we make these treatment-related or health care operations-related communications to you, we will secure your authorization in advance as we would with any other marketing communication (as described later in this Notice).

**Business Associates.** We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or

carrying out our health care operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract that requires our business associate to protect the privacy of your health information. We may also allow our business associates to de-identify your health information to be used for the benefit of HSSFP or the benefit of the business associate, or to create, use and disclose limited data sets as described below in the section titled “Completely De-identified or Partially De-identified Information.”

## **2. Patient Directory and Family and Friends**

We may use your health information in, and disclose it from, our Patient Directory, or share it with family and friends involved in your care, without your written authorization. You will have an opportunity to object to these uses and disclosures of your health information unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

**Patient Directory.** If you do not object, we will include your name, your location in our facility, your general condition (e.g., fair, stable, critical, etc.), and your religious affiliation in our Patient Directory while you are a patient in HSSFP. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn’t ask for you by name.

**Family and Friends Involved In Your Care.** If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative, or another person responsible for your care about your location and general condition here at HSSFP. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

## **3. Emergencies or Public Need**

*We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your written authorization or to provide you with an opportunity to object before we use or disclose your health information for these reasons. We will, however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in these situations when state law specifically requires that we do so.*

**Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you.

**As Required By Law.** We may use or disclose your health information if we are required by law to do so. We will notify you of these uses and disclosures if notice is required by law.

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if the law requires or permits us to do so. And finally, we

may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

**Victims of Abuse, Neglect, or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect, or domestic violence. We will make efforts to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair, and Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and
- (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

**To Avert a Serious and Imminent Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**National Security and Intelligence Activities or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**Military and Veterans.** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

**Coroners, Medical Examiners, and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release your health information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you. As described below in the section titled "Completely De-identified or Partially De-identified Information," we or our business associates may create, use or disclose limited data sets of your partially de-identified personal information for research purposes without your authorization.

**Fundraising.** Fundraising is a communication from HSSFP or one of its business associates, or by HSSFP's affiliated support organization, The Hospital for Special Surgery Fund, Inc. (the "Fund"), for the purpose of raising funds to further HSSFP's and its affiliates' missions of patient care, research, and education, including appeals for money or sponsorship of events. We may use certain information about you for fundraising, including demographic information (such as your age, date of birth, and gender, and where you live or work), your insurance status, the dates when you received services from us, and information about the HSSFP department where you received services, the identity of your treating physician(s), and the outcome of your treatment. We may also share this information with the Fund or other charitable foundations that will contact you to raise money on behalf of HSSFP and its affiliates. However, you have the right to opt-out of future fundraising

communications and can do so by following the opt-out instructions provided as part of the fundraising communication.

#### **4. Completely De-identified or Partially De-identified Information**

We and our business associates may use and disclose your health information if we or our business associates have removed any information that has the potential to identify you so that the health information is “completely de-identified.” Such de-identified information is no longer subject to the terms of this Notice. We and our business associates may also use and disclose “partially de-identified” health information, known as a “limited data set,” about you for research, public health, or health care operations purposes if the person who will receive the limited data set signs an agreement to protect the privacy of the information as required by federal and state law. Limited data sets will *not* contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, website address, or license number).

#### **5. Incidental Disclosures**

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION REQUIRING AUTHORIZATION**

As stated above, HSSFP cannot and will not use or disclose your health information without your written authorization for any reason, except those described in this Notice. For example, we require your written authorization for most uses or disclosures of your health information for certain marketing purposes, for the sale of health information, or with respect to psychotherapy notes (where appropriate). In addition, you may initiate the transfer of your records to another person or organization by completing an authorization form.

If you provide us with written authorization, you may revoke, or cancel, that written authorization at any time, except to the extent that we have already relied upon it. If you revoke the authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Your revocation will not affect any uses or disclosures we have already made prior to the date we receive notice of the revocation. To revoke a written authorization, please write to HSS Florida Physicians, LLC, Attn. Privacy Officer, 300 Palm Lakes Boulevard West Palm Beach, FL 33401.

### **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

*We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.*

#### **1. Right To Inspect And Copy Records**

You have the right to inspect and obtain a copy, including an electronic copy, from us in a timely manner of any of your health information that may be used to make decisions about you and your

treatment for as long as we maintain this information in our records. This includes medical and billing records.

**How to Make Your Request:** To inspect or obtain a copy of your health information, please submit your request in writing to HSS Florida Physicians, LLC, Attn. Privacy Officer, 300 Palm Lakes Boulevard West Palm Beach, FL 33401. A request to inspect or obtain a copy of your health information must include: (1) the desired form or format of access; (2) a description of the health information to which the request applies; and (3) appropriate contact information.

**Cost:** If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

**Form and Format:** If the information you request is stored electronically, we will provide the information in the form and format you request if the information is readily producible in that format, or, if not, we will reach an agreement with you as to alternative readable electronic format.

**Response Time:** We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

**If Your Request Is Denied:** Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we may provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we will not let you inspect or copy.

## **2. Right to Amend Records**

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records.

**How to Make Your Request:** To request an amendment, please write to HSS Florida Physicians, LLC, Attn. Privacy Officer, 300 Palm Lakes Boulevard West Palm Beach, FL 33401. A request to amend your health information must include a description of the amendment requested and should include the reasons why you think we should make the amendment.

**Response Time:** Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

**If Your Request Is Denied:** Your request for an amendment may be denied if you request an amendment of health information that we determine: (1) was not created by HSSFP, unless the originator of the health information is no longer available to make the amendment; (2) is not part of HSSFP's records; (3) is not health information that you would be permitted to inspect or copy; or (4) is accurate and complete.

If we deny part, or all, of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment



included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also provide you with information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

### **3. Right To An Accounting Of Disclosures**

You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in the previous six years in accordance with applicable law and the protections afforded in this Notice. An accounting of disclosures does not describe the ways that your health information has been shared within HSSFP, as long as all other protections described in this Notice have been followed (such as obtaining the required approvals before sharing your health information with our doctors for research purposes).

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or health care operations;
- Disclosures made from the patient directory;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by);
- Disclosures for purposes of research, public health or our health care operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities; and
- Disclosures about inmates to correctional institutions or law enforcement officers.

**How to Make Your Request:** To request an accounting of disclosures, please write to HSS Florida Physicians, LLC, Attn. Privacy Officer, 300 Palm Lakes Boulevard West Palm Beach, FL 33401. Your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred. The scope of your right to request an accounting may be modified from time to time to comply with changes in federal law or state law.

**Response Time:** Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

### **4. Right To Request Additional Privacy Protections, Including Restriction on Disclosures to Health Plans**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our health care operations. You may also request that we limit how we disclose information about you to family or

friends involved in your care. For example, you could request that we not disclose information about a surgery you had. In addition, you have the right to restrict certain disclosures of protected health information to a health plan where you pay, or another person on your behalf pays, out-of-pocket in full for the health care item or service.

**How to Make Your Request:** To request restrictions, please write to HSS Florida Physicians, LLC, Attn. Privacy Officer, 300 Palm Lakes Boulevard West Palm Beach, FL 33401. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

**We are Not Always Required to Agree:** We are not always required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. We do not need to agree to the restriction unless (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the health information relates only to a health care item or service that you or someone on your behalf has paid for out-of-pocket and in full. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

## **5. Right to Request Confidential Communications**

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work.

**How to Make Your Request:** To request more confidential communications, please write to HSS Florida Physicians, LLC, Attn. Privacy Officer, 300 Palm Lakes Boulevard West Palm Beach, FL 33401. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

## **6. Right To Notice of Breach of Unsecured Health Information**

We are required by law to maintain the privacy of your health information, to provide you with this Notice containing our legal duties and privacy practices with respect to your health information, and to abide by the terms of this Notice. It is HSSFP's policy to safeguard your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unsecured health information, we will notify you of the breach.

# **MISCELLANEOUS**

## **1. How Someone May Act On Your Behalf**

You have the right to name a legal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors, unless the minors are permitted by law to act on their own behalf.

## **2. How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information**

Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information. If your treatment involves this information, you may be provided with special authorization forms in connection with the disclosure of such information by HSSFP. To request copies of these forms, please contact HSSFP at 561.657.4600.

**3. How to Obtain a Copy of This Notice**

You have the right to a paper copy of this Notice. You may request a paper copy at any time, even if you have previously agreed to receive this Notice electronically. To do so, please call HSSFP at 561.657.4600. You may also obtain a copy of this Notice from our website at <https://www.hss.edu/hss-florida.asp> or by requesting a copy at your next visit.

**4. How to Obtain a Copy of Revised Notice**

We may change our privacy practices from time to time. If we do, we will revise this Notice so you will have an accurate summary of our practices, and the revised Notice will apply to all of your health information. We will post any revised Notice in our admitting areas and other locations in HSSFP. You will also be able to obtain your own copy of the revised Notice by accessing our website at <https://www.hss.edu/hss-florida.asp>, calling HSSFP at 561.657.4600 or asking for one at the time of your next visit. The effective date of the Notice will always be noted in the cover and at the top outside corner of each page. We are required to abide by the terms of the Notice that is currently in effect.

**5. How to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). To file a complaint with us, please contact HSSFP's Privacy Officer at 300 Palm Lakes Boulevard West Palm Beach, FL 33401 or send a letter to HSS Florida Physicians, LLC, Attn. Privacy Officer, 300 Palm Lakes Boulevard West Palm Beach, FL 33401. *No one will retaliate or take action against you for filing a complaint.*

### Acknowledgement of Receipt of Notice of Privacy Practices

Respect for our patients' privacy has long been highly valued at HSS Florida Physicians, LLC. Not only is it what our patients expect, it is the right way to conduct health care. As required by law, we will protect the privacy of health information that may reveal your identity and provide you with a copy of our Notice of Privacy Practices that describes the health information privacy practices of HSSFP, its medical staff and affiliated health care providers when providing health care services for HSSFP. Our Notice will be prominently posted in HSSFP. You will also be able to obtain your own copy of the Notice by accessing our website at <https://www.hss.edu/hss-florida.asp>, calling HSSFP at 561.657.4600, or asking for one at the time of your next visit.

By signing below, I acknowledge that I have been provided a copy of this Notice and have therefore been notified of how health information about me may be used and disclosed by HSSFP, and how I may obtain access to and control this information. I also acknowledge and understand that special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information.

\_\_\_\_\_  
Patient Copy

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

\_\_\_\_\_  
Date

If you have any questions about this Notice or would like further information, please contact HSSFP's Privacy Officer at 561.657.4600.

For Office Use Only: If the patient does not sign this acknowledgement form, record here the good faith efforts made to obtain this acknowledgement.

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*This page is your copy of the acknowledgement you were asked to sign when you were first given this Notice.*