

## Notice of Privacy Practices For Protected Health Information

### PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Department of Health and Human Services has established a “Privacy Rule” to help ensure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain patient consent for use and disclosure of health care information about the patient, to carry out treatment, payment, or health care operations.

#### Uses and Disclosures we may make without written authorization:

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. When it is appropriate and necessary, we provide the minimum necessary information to those we feel need your health care information to provide treatment, payment or health care operations that is in your best interest.

Protected Health information may include: documentation of your symptoms, physical examination, test results, diagnoses, medical treatment, educational assessments and results of clinical research study participation.

Entities to which information may be disclosed include: laboratories, pharmacies, durable medical equipment suppliers, your other healthcare providers, contact persons involved in your healthcare or payment of your healthcare, Hanson Clinical Research Center for clinical trial screening and recruitment purposes.

Health care operations items include: appointment reminders, billing statements, educational notices or practice updates, demographics and insurance information, clinical trial opportunities.

We may use or disclose your protected health information in the following situations without your written authorization. These situations include reporting as required by law for:

- Public Health Issues regarding a health and Safety threat
- The reporting of communicable diseases
- Reporting of Abuse and Neglect
- As per Workers Compensation laws
- Public Health Oversight such as audits, investigations or licensure actions
- In response to a court order, warrant or subpoena
- Government functions such as the military or correctional institutions
- Law enforcement to locate a fugitive, victim or witness or to report deaths or certain crimes
- Coroners, funeral directors, or organ procurement organizations as needed

#### Uses and Disclosures with your written Authorization:

If you choose to enroll in one of our group educational sessions, you will have the opportunity to share your medical experiences and to benefit from the experience of others. It is the understanding of all group participants that all information shared in a group setting is confidential and must not be discussed outside of the group setting. Your consent acknowledges and agrees to such an understanding.

If you choose to enroll in one of our clinical trials, the signing of this consent gives permission to disclose your information to and contact the below listed groups. Except when required by law, you will not be identified by name, address, telephone number, photograph, date of birth, social security number or other facts that could identify the health information as yours.

- The research site team, the study sponsor and related employees, companies and affiliates
- The Food and Drug Administration (FDA), other departments of Health and Human Services agencies and other government agencies in the United States and in foreign countries that watch over the study
- The study Institutional Review Board, an ethics committee that reviews the conduct of human research
- Your emergency contact persons if you cannot be reached

**Your Rights concerning Your Protected Health Information:**

To exercise any of these rights, submit a written request to our office. There may be a charge for printed records.

- You have the right to inspect and copy your protected health information. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
- You have the right to request restrictions and revoke your consent in writing at a later date. You may not revoke actions that have already been taken which relied on this consent. We are not required to agree to the requested restriction except for paid services that you do not wish disclosed to your insurance.
- You may have the right to amend your protected health information.
- You may restrict the ways that we contact you e.g. not at your home number.
- You may request that your medical record be amended but we may deny your request with an explanation.
- You may receive an accounting of certain disclosures we have made of your protected health information. We may charge a reasonable fee for this request.

**Canceling your Authorization (Withdrawing your permission)**

You have the right to withdraw this authorization at any time. If you withdraw this authorization, you will not be permitted to remain a patient of this Practice. If you are participating in one of our clinical trials at the time of your withdrawal, information that has already been collected in your study record may continue to be used and disclosed as described above, however, no new information will be obtained.

If you believe that your privacy rights have been violated, you may file a complaint with us or the Secretary of Health and Human Services.

You may withdraw your Authorization (Permission) or file a complaint with us by contacting:  
Lenita Hanson MD, 21216 Olean Blvd., Suite 6, Port Charlotte, Florida 33952  
Tel: 941-624-4800 Email: lhansonmd@diabetesFL.com

**Expiration of your Authorization (Permission)**

If you do not withdraw this Authorization, it will remain in effect. There is no expiration of this authorization.

**Responsibilities of Hanson Diabetes Center and Hanson Clinical Research Center**

Maintain the Privacy of your health information as required by law; Provide you with a copy and abide by the terms of this Notice; Notify you if we cannot accommodate a requested restriction; Accommodate any reasonable requests for methods of communication or accounting of disclosures.

We reserve the right to revise the Notice of Privacy Practices at any time. A copy of our current notice will be posted in our reception area and on our website. You may receive a revised copy of the Notice by telephone or portal request or in person at our office.