



# THE ROSKAMP INSTITUTE, INC.

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*Better Science.  
Real Discovery*

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## NOTICE OF PRIVACY PRACTICES

If you have any questions about this Notice please contact our Privacy Contact at 941-256-8019.

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At THE ROSKAMP INSTITUTE, Inc. we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as how they relate to your protected health information. We will also ask that you acknowledge receipt of this Notice the first time you come to or use any of our facilities, because the law requires us to make a good faith effort to obtain your acknowledgement.

We are strongly committed to protecting your medical information. We create a medical record about your care because we need the record to provide you with appropriate treatment and to comply with various legal requirements. We transmit some medical information about your care in order to obtain payment for the services you receive, and we use certain information in our day to day operations.

We are required by law to:

- Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable law;
- Give you this Notice of our legal duties and our privacy practices; and  
Abide by the terms of the notice of Privacy Practices that is in effect

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

### **A. Uses and Disclosures of Protected Health Information (PHI) for Treatment, Payment and Healthcare Operations.**

Your protected health information may be used and disclosed by your medical doctor, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of this facility.

We have provided some examples of the types of each use or disclosure that we make, but not every use or disclosure in any of the following categories will be listed. The following are examples of the types of uses and disclosures of your protected health care information that this facility is permitted to make:

**For Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your information. For example, we would disclose your information, as necessary, to the physician that referred you to us. We will also disclose

health information to other health care providers who may be treating you when we have the necessary permission from you.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**For Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking review activities.

**For Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of this facility. These activities include, but are not limited to, quality assessment activities, employee review activities, legal services, licensing and conducting or arranging for other business activities. We may share your health information with third party “business associates” that perform various activities (e.g. medical records & phone services) for this facility. Whenever an arrangement between our facility and our business associate involves the use or disclosure of protected health information, we will have a written contract that contains terms that will protect the privacy of your information. You may visit additional medical facilities for continuity of care (e.g. MRI center), and they are required to follow the regulations regarding privacy and HIPAA.

**Electronic Medical Records (EMR) are now being used at our facility. They follow their own approved, secured privacy policy. As technology advances our EMR may allow you to have access to your electronic records, via a secured login.**

**Appointment Reminders:** We may use or disclose your information, as necessary, to contact you to remind you of your appointment.

**Sign-In Sheets:** We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your doctor is ready to see you. Sign in sheets may also be used for marketing purposes. Some examples include, but not limited to, Mild Cognitive Impairment (MCI) support group participation, newsletter sign up requests, open house attendance, attending seminars and/or lectures.

**Marketing and Health Related Benefits and Services:** We may also use and disclose your health information for other marketing activities (typically any PHI is deidentified). For example, we may send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**Sale of Practice:** If we decide to sell this practice or merge or combine with another practice, we may share your protected health information with the new owners.

## **B. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing. You understand that we can not take back any use or disclosure we may have made under the authorization before we received your written revocation, and that we are required to maintain a record of the medical care that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. We will not condition your treatment in any way on whether or not you sign any authorization.

### **C. Other Permitted and Required Uses and Disclosures That May Be Made Either With Your Agreement or the Opportunity to Object**

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your doctor may, using his/her professional judgement, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, verbally or in writing, your information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

### **D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to object.

**Required by Law:** We may use or disclose your health information to the extent that the use or disclosure is required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. A disclosure under this exception would only be made to somebody in a position to help prevent the threat to public health.

**Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. We will only make this disclosure if you agree or when required or authorized by law. In this case, the disclosure will be made consistent with the requirements or applicable federal and state laws.

**Military and Veterans:** If you are a member of the military, we may release health information about you as required by military command authorities.

**Food and Drug Administration:** We may disclose your health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, tract products: to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose your information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes might include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that an incident occurs on the premises of the practice, and (6) medical emergency (not on the facility's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** Under certain circumstances, if you are a patient of record, your PHI may be reviewed for the purposes of enrollment into a research trial. You would be contacted for additional information and to see if you are interested in enrolling in the trial. All studies are approved by an institutional review board that has reviewed the research protocols and consent forms to ensure your safety and privacy.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your information, if we believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

**Workers Compensation:** We may disclose your information as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related illnesses and injuries.

**Inmates:** We may use or disclose your health information if you are an inmate of a correctional facility and your medical doctor created or received your health information in the course of providing care to you.

**De-Identified Information and Limited Data Sets:** Roskamp Institute may use and disclose health information that has been "de-identified" by removing certain identifiers making it unlikely that you could be identified. Roskamp also may disclose limited health information, contained in a "limited data set". The limited data set does not contain any information that can directly identify you. For example: a limited data set may include your city, county and zip code, but not your name or street address.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Although your health record is the physical property of The ROSKAMP INSTITUTE the information belongs to you. You have the right to:

- To obtain a paper copy of this notice from us.
- You have the right to inspect and copy your protected health information<sub>as</sub> provided for in 45CFR 164.524 (a fee may be charged for copies of records).
- You have the right to receive an accounting of certain disclosures we have made, if any, of our protected health information<sub>as</sub> provided in 45 CFR 164.528.
- You have the right to request restriction of your protected health information<sub>as</sub> provided by 45 CFR 164.522.

Your Medical Doctor is not required to agree to a restriction that you may request. If the doctor believes it is in your best interest to permit use and disclosure of your protected health information, your information will not be restricted. If your doctor does agree to the requested restriction, we may not use or disclose your information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your doctor. You may request a restriction by contacting the Privacy Contact and obtaining a Request for Privacy Restriction form to complete.

- You have the right to have your doctor amend your protected health information as provided in 45 CFR 164.528.

We may deny any request that is not in writing or does not state a reason supporting the request. We may deny your request for an amendment of any information that:

- 1.) Was not created by us, unless the person that created the information is no longer available to amend the information;
- 2.) Is not part of the protected health information kept by or for us;
- 3.) Is not part of the information you would be permitted to inspect or copy;
- 4.) Is accurate and complete.

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy contact to determine if you have questions about amending your medical records.

### **Information breach Notification:**

Roskamp Institute is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

### **For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact the practice's Privacy Contact at (941) 256-8019.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Contact or with the Office for Civil Rights, U.S. Dept. of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. 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

**CHANGES TO THIS NOTICE**

We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to Protected Health Information received before the change in privacy practices. You may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of your next appointment.

This notice was published and became effective on May 2007. It has been revised per current mandated revisions of 2013.