
Privacy Policy/Security Policy Notice

As required by the Health Insurance Portability and Accountability Act (HIPAA)

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

I. Uses and Disclosures of Protected Health Information (PHI): PHI refers to information in your health record that could identify you. David K. Cox, LLC and Dr. Cox (together for the purposes of this notice, COX) may use or disclose your PHI for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your PHI may be used or disclosed only for these purposes unless COX has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Rule or by State law.

Treatment. COX will use and disclose your PHI to provide, coordinate, or manage your care and any related services. COX may disclose PHI to physicians who may be treating you. For example, if Dr. Cox consults with another health care provider, such as a family physician, with respect to your care.

Payment. Your PHI will be used and disclosed, as needed, to obtain payment for the services that are provided. COX does not file paperwork directly with health insurers, however, there may be situations that require certain communications to your health insurer. For example, if a certain level of service is recommended, COX may need to disclose information to your health insurer to get prior approval for the level of service in order for you to be reimbursed. COX may disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered. COX may also need to disclose your PHI to your insurance company to demonstrate the medical necessity of the services or to demonstrate that required documentation exists. COX may also disclose PHI to another provider involved in your care for the other provider's payment activities.

Other Uses and Disclosures. As part of treatment, payment and healthcare operations, COX may also use or disclose your PHI for the following purposes:

- To remind you of an appointment via messages by text, voice mail or email.
- To inform you of potential treatment alternatives or options.
- To inform you of health-related benefits or services that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object:

HIPAA Privacy Rules allow COX to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

1. When Legally Required- COX will disclose your PHI when required to do so by any Federal, State or local law.

2. When There Are Risks to Public Health- COX may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if he believes, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

3. To Report Abuse, Neglect or Domestic Violence- COX is required by law to notify government authorities if there is a reasonable belief that you are the victim of abuse, neglect or domestic violence or if COX has reason to suspect that a child or vulnerable adult has been or being abused, neglected or exploited.

4. To Conduct Health Oversight Activities- COX may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. COX will not disclose your PHI if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

5. In Connection With Judicial and Administrative Proceedings- COX may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.

6. For Law Enforcement Purposes- COX may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

7. For Worker's Compensation- COX may release your PHI to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures That You Authorize:

COX may use or disclose PHI for purposes outside of treatment, payment and healthcare operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. See Consent Form. COX will obtain an authorization from you before releasing psychotherapy notes. "Psychotherapy Notes" are notes Dr. Cox may make during a private, group, joint or family counseling session, which Dr. Cox keeps separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorization of PHI or psychotherapy notes at any time provided each revocation is in writing. You may not revoke an authorization to the extent that COX has relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

IV. Your Rights: In addition to other rights you may have under Florida law, you have the following rights under HIPAA regarding your health information:

The right to inspect and copy your PHI. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as COX maintains the protected health information. COX may deny your request to inspect or copy your protected health information if, in his professional judgment, he determines that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

The right to request a restriction on uses and disclosures of your protected health information. You may ask COX not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. COX is not required to agree to a restriction that you may request. Dr. Cox will notify you if he denies your request to a restriction. If COX does agree to the requested restriction, COX may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, COX may terminate the agreement to a restriction.

The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that COX communicate with you in certain ways. He will accommodate reasonable requests. He may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. COX will not require you to provide an explanation for your request.

The right to request amendments to your protected health information. You may request an amendment of PHI about you in a designated record set for as long as COX maintains this information. In certain cases, Dr. Cox may deny your request for an amendment. For example, Dr. Cox believes that the information is correct as is. If COX denies your request for amendment, you have the right to file a statement of disagreement with COX and COX may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

V. Our Duties: COX is required by law to maintain the privacy of your health information and to provide you with this Notice. COX is required to abide by terms of this Notice as may be amended from time to time. COX reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that he maintains.

VI. Complaints: You have the right to express complaints to COX and to the U.S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints/ if you believe that your privacy rights have been violated. COX encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VII. Contact Person: The contact person for all issues regarding patient privacy and your rights under HIPAA is Dr. David Cox. Information regarding matters covered by this Notice can be requested by contacting Dr. Cox. Complaints against David K. Cox LLC or Dr. Cox can be mailed by sending it to:

Dr. David Cox
David K. Cox, LLC
2830 NW 41st Street, Suite D-4
Gainesville, FL 32606