

Notice of Privacy Practices

Your Privacy Matters

At Infectious Diseases Associates of North Central Florida, we are committed to protecting the privacy and security of your health information. Federal law requires us to maintain the confidentiality of your protected health information (PHI), provide notice of our privacy practices, and follow the terms described in this notice.

This Notice explains how we may use and disclose your health information, your rights regarding that information, and our legal responsibilities to safeguard it.

How We Use and Share Health Information

We may use and disclose your health information for purposes related to:

Treatment

To provide, coordinate, and manage your healthcare. This may include sharing information with physicians, hospitals, laboratories, pharmacies, home health agencies, wound care centers, infusion providers, and other healthcare professionals involved in your care.

Payment

To bill and collect payment for services provided. This may include communicating with insurance companies, Medicare, Medicaid, and other healthcare payers regarding coverage, claims processing, prior authorizations, and benefits.

Healthcare Operations

To support the day-to-day operations of our practice, including quality improvement activities, staff training, credentialing, compliance programs, infection prevention initiatives, audits, and business management functions.

Additional Uses and Disclosures Permitted by Law

We may disclose health information when required or permitted by federal or state law, including for:

- Public health and disease reporting
- Health oversight activities
- Communicable disease investigations
- Law enforcement requests
- Court orders and legal proceedings
- Workers' compensation claims

For concerns regarding your privacy rights, you may also contact the U.S. Department of Health and Human Services Office for Civil Rights.

- National security activities
- Coroners, medical examiners, and funeral directors
- Preventing serious threats to health or safety

Appointment Reminders and Patient Communications

We may contact patients by telephone, voicemail, text message, email, mail, or secure electronic communication regarding:

- Appointments
- Test results
- Treatment recommendations
- Medication information
- Billing matters
- Follow-up care

Your Privacy Rights

Patients have the right to:

- Request access to their medical records
- Obtain copies of their health information
- Request amendments to their records
- Request confidential communications
- Request restrictions on certain disclosures
- Receive an accounting of certain disclosures
- Obtain a copy of our current Notice of Privacy Practices
- Receive notification of certain breaches involving unsecured health information

Electronic Health Information

We maintain administrative, technical, and physical safeguards designed to protect electronic health information from unauthorized access, use, or disclosure.

Our Commitment to Privacy

We are dedicated to maintaining the confidentiality of patient information and complying with all applicable federal and state privacy regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

We will not use or disclose health information for purposes not described in this Notice without appropriate authorization, unless otherwise permitted or required by law.

Changes to This Notice

We reserve the right to update this Notice of Privacy Practices at any time. Any changes will apply to all health information maintained by our practice. The most current version of this Notice will always be available through our office and on our website.

Contact Information

If you have questions regarding this Notice or our privacy practices, please contact our office:

Infectious Diseases Associates of North Central Florida

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Ocala, FL 34471

Phone: (352) 622-2020