

WATSON CLINIC NOTICE OF PRIVACY PRACTICES

If you have any questions about this Notice, please contact our Compliance & Privacy Office at 863-680-7402 or by mail at P.O. Box 95000, Lakeland, FL 33804-5000 • www.WatsonClinic.com

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY.

THIS 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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. We will comply with applicable law, but this notice does not create rights or obligations that go beyond those laws.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Contact Release of Information at 863-904-2652.
- We will provide a copy or a summary of your health information, within the time required by law. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- You must give us your request in writing and a reason supporting your requested amendment. Contact Release of Information at 863-904-2652. We can give you a form to use to make your amendment request.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no". For example, we may refuse your request for a restriction if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information.

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make), except if required by regulation. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If someone is your legal guardian or you have given someone medical power of attorney, that person can exercise your rights and make choices about your health information. A copy of this document must be provided to the Privacy Office.
- We will take reasonable steps to make sure this person has this authority and can act for you before we take any action.
- Information will be shared after death as permitted by HIPAA.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us by calling the Compliance and Privacy Office at 863-680-7402.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. We will follow your instructions if feasible or otherwise required by law.

In these cases, you have both the right and choice to tell us to:

- Share information with family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts.

If you are not able to tell us your preference, for example if you are unconscious or not present, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Unless you give us written permission, except as otherwise provided in this notice or applicable law, we will not:

- Sell your information, or
- In most cases share your psychotherapy notes, or
- Use or share your information for marketing purposes (except we may communicate with you face-to-face, provide nominal promotional gifts, and provide appointment reminders or other health-related information, possible treatment alternatives, benefits and services that may be useful or of interest to you.)

In the case of fundraising:

- We may contact you and use certain limited information for fundraising efforts, but you can tell us not to contact you again by writing the Privacy Officer.

OUR USES AND DISCLOSURES

We typically use or share your health information to:

Treat you.

- We can use your health information and share it with others who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization and for other health care operations:

- We can use and share your health information to run our practice, improve your care, contact you, and for other health care operations purposes. We may use it to conduct training programs, including programs for outside students and observers. We can share your information with our business associates as described on this form.
- Example:* We use health information about you to manage your treatment and services. We may use it to create de-identified health information to use for all lawful purposes.

Bill for your services.

- We can use and share your health information, including your contact information, to contact, bill and get payment from you, your guarantor, health plan(s), and any other entity or individual responsible for payment purposes, including accounting, debt-collection, and related financial communication.
- Example:* We give information about you to your health insurance plan so it will pay for your services.

Electronic Health Information Exchange.

- Health Information Exchange (HIE) allows doctors, hospitals, and other health care providers, as well as health plans and other entities, to share health information about patients electronically. This is done for several purposes, including, but not limited to, treatment, quality assurance, state law reporting requirements, health care operations, and payment. Watson Clinic physicians and staff, hospitals, and other health care providers may share and receive your health care information electronically through various health information exchange connections with other health care providers and payors. HIE networks and organizations are required to comply with laws and rules that protect the privacy and security of your health information.
- Example:* We may exchange your information electronically with providers and other covered entities including, but not limited to, hospitals and surgery centers, for treatment, payment, or health care operations purposes.

- OPTING OUT OF HIE:** You have the ability to OPT OUT of HIE by using the OPT OUT form located on the Clinic's website www.WatsonClinic.com and mailing it to the Privacy Office address on this notice, or requesting the form at a reception desk at any Clinic locations. We will consider all requests, but there are some circumstances where we will still be required to share your information electronically. For example, even if you opt out, we will still need to submit claims electronically if required by your health plan.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research.

- We can use or share your information for health research as permitted by applicable laws and rules.

Comply with the law.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.

Respond to organ and tissue donation requests.

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official, or certain information relating to inmates.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions.

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Business Associates.

- There are some health care-related, communication, billing, payment and health care-operation services provided through contracts with third parties, called "business associates," that may use the information to perform certain services. Examples include software, messaging, or technology vendors we may utilize to provide technical support and communication services, attorneys providing legal services to us, accountants, billing, account-servicing and collection companies, consultants and others. When such a service is contracted, we may share your protected health information with such business associates and may allow our business associates to use, create, receive, maintain or transmit your information on our behalf in order for the business associate to provide services to us, or for the proper management and administration of the business associate. Business associates must protect any health information they receive from, or create and maintain on behalf of the Provider. In addition, business associates may re-disclose your health information to subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information, we will have a written contract that contains terms designed to protect the privacy of your information.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We try to keep your data secure, but we cannot guarantee that nothing will go wrong. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

- We will comply with Florida law. We will obtain your written consent for certain disclosures if your consent is required under state law. For example, Florida requires us to obtain your written consent to disclose for payment purposes, so we will ask for your written permission to use and disclose your information for certain purposes allowed in this document.

For more information see: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html.

Changes to the Terms of This Notice.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

The effective date of this Notice is February 2, 2024.

This Notice of Privacy Practices applies to the following organization:

Watson Clinic
P.O. Box 95000
Lakeland, FL 33804-5000
Compliance & Privacy Office: 863-680-7402

NONDISCRIMINATION NOTICE

Watson Clinic (Clinic) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Clinic does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Clinic provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need the above services, please call 863-904-3080.

If you believe that the Clinic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting:

Patient Advocate
402 S. Kentucky Avenue, Suite 500
Lakeland, FL 33801
Phone: 863-680-7269
Fax: 863-904-3255
PatientAdvocate@WatsonClinic.com

You can file a grievance by phone, fax, mail or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/complaints/index.html.

English: If you speak English, language assistance services, free of charge, are available to you. Call 1-863-904-3080.

Español (Spanish): Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-863-904-3080.

Kreyòl Ayisyen (French Creole): Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-863-904-3080.

Tiếng Việt (Vietnamese): Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-863-904-3080.

Português (Portuguese): Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-863-904-3080.

繁體中文 (Chinese): 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-863-904-3080。

Français (French): Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-863-904-3080.

Tagalog (Tagalog – Filipino): Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-863-904-3080.

Русский (Russian): Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-863-904-3080.

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك 1-863-904-3080 بالعربية بالبحران. اتصل برقم

Italiano (Italian): In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-863-904-3080.

Deutsch (German): Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-863-904-3080.

한국어 (Korean): 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-863-904-3080.

Polski (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-863-904-3080.

ગુજરાતી (Gujarati): જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-863-904-3080.

ภาษาไทย (Thai): ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือจากภาษาไทยฟรี โทร 1-863-904-3080.