



Notice of Privacy Practices

**THIS NOTICE OF PRIVACY PRACTICES
AND NOTICE OF AFFILIATED COVERED ENTITIES
IS EFFECTIVE ON SEPTEMBER 29, 2023, FOR
ARTHUR BREGMAN, M.D., P.A. AND ITS WHOLLY
OWNED SUBSIDIARY ARTHUR BREGMAN, M.D.,
LLC
1550 MADRUGA AVE STE 406, CORAL GABLES, FL
33146**

**CONTACT ARTHUR BREGMAN, M.D. WITH ANY
QUESTIONS OR COMMENTS AT 305-740-3340**

**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 Information. Your Rights. Our Responsibilities.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication and we will not ask for a reason
- Choose someone to act for you
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated
- Obtain care without having to waiver any of your rights⁴³³

**Also see “Exercising
Your Rights”**

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief and/or raise funds
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information

**Also see “Exercising Your
Choices”**

⁴³³ 45 C.F.R. §164.530(h)



Also see “Our Permitted and Required Uses and Disclosures”

Our Uses and Disclosures

We may use and share your information as we:

- Treat you, operate our organization and obtain payment for our services
- Help with public health and safety issues and do research and teach
- Comply with the law and respond to lawsuits and legal actions
- Work with organ and tissue donation, medical examiner, or funeral director requests
- Address workers’ compensation, law enforcement, and other government requests

Your Information. Your Rights. Our Responsibilities.

More Information and Examples

Exercising Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

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. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us how to correct your health information that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days and include information about your request in your record.

Request confidential communications

- You can request we contact you at your home phone, office phone or at a different address.
- We will say “yes” to all reasonable requests and will not ask for a reason.

Ask us to limit what we use or share

- If you do not pay for a service or health care item out-of-pocket in full, 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” if it would affect your care.
- If you do 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 have shared information

- You can ask for a list (accounting) of the times we have 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). We will provide one accounting a year for free but will charge a reasonable, cost-based fee another one within 12 months.
- If you request a disclosure with a general designation of the recipient of substance use or mental health information, you may request a list of the actual recipients and any intermediary entities (such as a Health Information Exchange).⁴³⁴

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 you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us (See page 1). Our legal name is Arthur Bregman, M.D., P.A. and its wholly owned subsidiary Arthur Bregman, M.D., LLC.
- 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/ocr/privacy/hipaa/complaints/.
- You can file a complaint relative to substance use or mental health treatment facilities with the U.S. Attorney for the judicial district in which the violation occurred. A current list of US Attorneys can be found at <https://www.justice.gov/usao/us-attorneys-listing>
- You can also file a complaint relative to an opioid treatment program with the Substance Abuse and Mental Health Services Administration ("SAMHSA") at Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857 or at 240-276-1660. Visit <https://www.samhsa.gov/about-us/contact-us> for additional contact information.
- We will not retaliate against you for filing a complaint.

⁴³⁴ 42 C.F.R. § 2.13(d)



Exercising 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, let us know. We will follow your instructions and require them to provide proof of their identity.

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

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, 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.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information unless there is a sale in-whole or in-part of the business at which time we will provide notice to you.
- Most sharing of psychotherapy notes

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again at any time.

Our Permitted and Required Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you - We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Operate our organization - We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Payment for our services to you - We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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 must meet many conditions in the law



before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/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 and teach

We can use or share your information for health research and, unless you object, have students studying in the medical profession observe our interactions, examinations, and treatments.

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 are 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 when an individual dies

We can share health information with a coroner, medical examiner, or funeral director.

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
- With health oversight agencies for activities authorized by law
- For special government functions (e.g., 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 a subpoena.

Healthcare operations

- Announcing your name - When it is time for you to receive services, we may say your name loud enough for you and others to hear. This may occur while you are in waiting areas, when an item such as a prescription is ready for pickup, when you are utilizing transportation services, and other similar times.



- Sign-in - We may use a single sign-in sheet at the registration desk where your name and care provider may be visible to others.
- Other – Your information may be disclosed when conducting quality assessment activities and other activities necessary for the operation of Arthur Bregman, M.D., P.A. and its wholly owned subsidiary Arthur Bregman, M.D., LLC.

Our Responsibilities

- We are Required-by-Law to maintain the privacy and security of your Protected Health Information.
- We will let you know promptly if the privacy and security of your information may have been compromised. Our notice to you may be delayed if we are so instructed by law enforcement.
- 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. You may change your mind at any time. Let the Chief Privacy Officer or the 1st Alternate Privacy Officer know in writing if you change your mind.

Note you will keep us informed of any changes to your contact information such as your address and phone number so that we can contact you if it becomes necessary.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.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. If the change is a significant change, we will provide an updated notice.

Our Privacy Officers

Our Chief Privacy Officer: Arthur Bregman, M.D.

Our First Alternate Privacy Officer: Lina Miranda