

**Notice of Privacy Policies**  
**For**  
**Mark. A. Lupo, M.D., P.A.**

**Office of: Mark A. Lupo, M.D., Zsofia Geck, M.D., Katarzyna Piotrowska, M.D.**  
**Angela Boldo, MD**

**Last Edited: July 14, 2017**

**This “Notice of Privacy Policies” will explain to you how we may use and disclose information about you and how you may gain access to this information. Please review our “Notice of Privacy Policies” carefully.**

Mark A. Lupo, MD, Zsofia Geck, MD, Katarzyna Piotrowska, MD, Angela Boldo, MD and their staff are committed to treating and using your protected health information responsibly. We are required by law to maintain the privacy of your protected health information, to provide you with this of **Privacy Notice Policies** of our legal duties and privacy policies with regard to protected health information and by law to follow the terms of this **Notice of Privacy Policies**. We agree to fulfill your requests to communicate your health information by alternative means or at alternative locations and to notify you if we are unable to agree to a requested restriction.

We will not use and/or disclose your health information without your authorization, except as described in this **Notice of Privacy Policies**. We will discontinue to use and/or disclose your health information in accordance with this **Notice of Privacy Policies** and Release of Medical Records Agreement.

**Your Health Information Rights:**

Your Health Information Record is the physical property of Mark A. Lupo, MD, Zsofia Geck, MD, Katarzyna Piotrowska, MD, Angela Boldo, MD however the information belongs to you.

1. You have the right to obtain a copy of this **Notice of Privacy Policies** upon request.
2. You have the right to ask us to restrict certain uses and/or disclosures of your medical information. Should we agree with your request we will honor it.
3. You have the right to inspect and /or copy your medical information. This right is subject to certain specific exceptions. You may be charged a reasonable fee for your requested copies at the time you receive them.
4. You have the right to receive communications from us in a confidential manner.
5. You have the right to amend your health information. If we deny your request, we will provide you with a written explanation for the denial and give you information regarding further rights you may have at that point.
6. You have the right to obtain an accounting of any disclosures of your health information by Mark A. Lupo, MD, Zsofia Geck, MD, Katarzyna Piotrowska, MD, Angela Boldo, MD during the last six months except for disclosures for payment, healthcare operations, disclosures you authorized and certain other specific disclosure types.

7. You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe we have violated your privacy rights.

To issue a complaint to this office please contact:

Dr. Mark Lupo, Dr. Zsofia Geck, Dr. Katarzyna Piotrowska, Dr. Angela Boldo  
3050 Bee Ridge Road  
Sarasota, Florida 34239  
941-342-9750

Contact Person: Practice Privacy Officer

To issue a complaint to the office for Civil Rights, U.S. Department of Health and Human Services please contact:

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

**Complaints must be issued in written form or by requesting a “Patient Complaint Form” from this office.**

**Use & Disclosure of Health Information:**

**We may use and/or disclose your personal and health information in accordance with Federal and State laws for the following purposes:**

**Disclosure to Department of Health and Human Services:** We may disclose your health information when required by the U. S. Department of Health and Human Services as part of investigation and/or determination of our compliance with relevant laws.

**Law Enforcement:** We may disclose your health information for law enforcement purposes as required by law and/or in response to a subpoena. **As required by Florida law we will always ensure you were notified of a request by subpoena.** Your health information may also be disclosed for certain judicial and/or administrative proceedings.

**Public Health:** As required by law, we may disclose your health information to Public Health or Legal Authorities in the prevention/control of disease, injury and/or disability.

**Notification of Family and Friends:** As required by law, we may disclose your health information, unless you object, to family members, other relatives, close personal friends and/or a personal representative when the health information is directly relevant to that person’s involvement with your care, location, general condition and/or death.

**Abuse and/or Neglect:** We may disclose your health information concerning abuse, neglect or violence in accordance with federal and state law.

**Business Associates:** We may disclose your health information to a business associate with whom we contract to provide us services. We require each business associate to appropriately safeguard your information.

**Health Oversight Agency:** We may disclose your health information to a Health Oversight Agency for oversight activities authorized by law, including the reporting of disease, injury, vital events, audits, investigations and/or intervention, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

**Research:** We may use and/or disclose your health information to researchers when an Institutional Review Board has approved their research, has reviewed their research proposal and established protocols to protect the privacy of your health information.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to a coroner, medical examiner and/or a funeral director.

**Organ Donations:** We may disclose your health information, if you are an organ donor, to an organ donation and procurement organization.

**Worker's Compensation:** We may disclose your health information as authorized by laws relating to worker's compensation or similar programs.

**Appointments:** We may contact you to arrange and/or remind you of an appointment.

**Referral Appointments:** We may contact another healthcare provider and/or facility to participate in your care and treatment.

**Treatment:** We may use and/or disclose your health information for treatment, to inform you about treatment alternatives, and/or for other health-related benefits and services that may be of interest you.

**National Security, Military & Protective Services:** We may use and/or disclose your health information as required by law to The National Security and Intelligence Agencies, The Military Command Authorities and/or The Protective Services for the President and Others.

We reserve the right to change the terms of this **Notice of Privacy Policies** and make new provisions effective for all protected health information we maintain. If the terms of this **Notice of Privacy Policies** are revised we will post a revised **Notice of Privacy Policies** at the office of Mark A. Lupo, MD, Zsofia Geck, MD, Katarzyna Piotrowska, MD, Angela Boldo, MD and will make copies of the revised **Notice of Privacy Policies** available upon request.

**A paper copy of this Notice of Privacy Policies is available upon request.**