



HIPAA NOTICE OF PRIVACY PRACTICES

Last update: December 4th, 2025

CONTACT INFORMATION

Piris Medical Center - Miami

Address: 13335 SW 124 St STE-204 Miami FL 33186 USA

Phone: 786 732 6192

Email: info@pirismedicalcenter.com

Piris Medical Center - Fort Myers

Address: 16050 S Tamiami Trl STE-109 Fort Myers FL 33908 USA

Phone: 239 412 9802

Email: fortmyers@pirismedicalcenter.com

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

YOUR RIGHTS

You have the right to:

Get a copy of your medical record

- You may ask to see or obtain an electronic or paper copy of your medical record and other health information.
- We will provide a copy or a summary, usually within **30 days** of your request.

Request corrections to your medical record

- If you believe your information is incorrect or incomplete, you may request an amendment.



Request confidential communications

- You may ask us to contact you in a specific way (e.g., phone, email) or send mail to a different address.

Request restrictions on the use of your information

- You may ask us not to use or share certain information for treatment, payment, or operations.
- We are not required to agree, except when you pay in full for a service and request that the information **not** be shared with your health plan.

Request a list of disclosures

- You can request a list of certain disclosures of your health information for up to **six years** prior to the date of your request.

Obtain a paper copy of this notice

- You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose a personal representative

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.

File a complaint

If you believe your privacy rights have been violated, you may complain:

- To us (see contact information below)
- To the U.S. Department of Health and Human Services, Office for Civil Rights (We will provide instructions upon request)

You will **not** be penalized for filing a complaint.



YOUR CHOICES

You may tell us your preferences about how we share your information in situations such as:

- Sharing with family, close friends, or others involved in your care
- Disaster relief efforts
- Including your information in a facility directory
- Contacting you for appointment reminders and follow-up care
- Marketing communications or fundraising activities

We will follow your wishes when legally permitted.

We **must** obtain your **written authorization** for:

- Most uses and disclosures of psychotherapy notes
- Marketing not related to your treatment
- Sale of your health information

You may revoke your authorization at any time in writing.

OUR USES AND DISCLOSURES

We may use and disclose your information for:

Treatment

To share information with doctors, nurses, pharmacies, labs, and others involved in your care.

Payment

To bill and obtain payment from your health plan or other payers.

Health Care Operations

For quality assessment, staff training, accreditation, and administrative purposes.



OTHER USES AND DISCLOSURES ALLOWED BY LAW

We may share information without your authorization when required by law, including:

- Public health and safety (disease reporting, recalls, abuse or neglect reporting)
- Health oversight activities
- Legal proceedings and law enforcement
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation
- Workers' compensation
- Research (in compliance with regulations)
- Military or national security purposes
- Responding to court orders, subpoenas, or warrants

Florida law may offer **additional protections**, including enhanced privacy for:

- Mental health records
- Substance use disorder treatment records
- HIV/AIDS-related information
- Genetic testing information

We comply with all applicable state requirements.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this notice.
- We will not use or disclose your information in ways not described here without your written authorization.

CHANGES TO THIS NOTICE

We may update this Notice at any time. The revised Notice will be posted on our website and available in our office.