

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW CAREFULLY.

**NOTICE OF PRIVACY PRACTICES**  
**REVISED DATE JANUARY 1, 2012**

**LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC.**  
**D/b/a Advanced Dermatology and Cosmetic Surgery**  
[Sometimes referred to in this Exhibit as the “practice”.]

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy and security of your “protected health information” or “PHI”. As used in this Notice, the terms “Protected Health Information” and “PHI” refer to your “individually identifiable health information” (“IIHI”), including demographic information, created or received in any form, relating to your past, present or future physical or mental health condition or treatment.

It is the policy of the practice that all physicians, staff and business associates preserve the integrity, security and the confidentiality of PHI. In conducting our business, we will create records relating to you and the treatment and services we provide to you.

We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practice and the revised Notice will be in effect the date it was revised. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

For further information, please contact the Location Manager of the location serving you, or our Privacy Officer, Leavitt Medical Associates of Florida, Inc., 2600 Lake Lucien Drive, Suite 180 Maitland, FL 32751.

**C. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations (TPO). The examples included with each category do not list every type of use or disclosure that may fall within that category.

**1. Treatment.** We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your healthcare with others. Many of the people who work for our practice – including, but not limited to, our doctors and clinical staff– may use or disclose your PHI in order to treat you or to assist others in your treatment. In addition, we may use and disclose PHI about you when referring you to another health care provider. We will communicate with individuals directly involved in your care, i.e. spouse, adult sibling, relative or caregiver to confirm appointments or relay laboratory or biopsy results.

**2. Payment.** Our Practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

**3. Health Care Operations.** Health care operations include a broad range of activities. As examples of the ways in which we may use and disclose your information for our health care operations, our Practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice or to assist in training our healthcare service providers or in confidential preceptor activities with pharmaceutical representatives. Some other examples of how your PHI may be used or disclosed in our health care operations include: reviewing and evaluating the skills, qualifications, and performance of health care providers by providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify or license health care providers or staff in a particular field or specialty and assisting with legal compliance or legal defense activities of our practice. We may also disclose your PHI to other health care providers and entities to assist in their health care operations.

**4.** We may also use or disclose your PHI to ADCS Billings, LLC, which performs various services for the benefit of the Practice, as described below. We participate with ADCS Billings, LLC, an affiliated company within the Leavitt Companies to provide certain payment, healthcare operations, management and marketing functions including: utilization review, quality assessment and improvement activities, and billing and payment activities.

**D. OTHER TYPES OF USES/DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT MAY OCCUR WITHOUT YOUR WRITTEN AUTHORIZATION**

In addition to the various uses and disclosures of your PHI which routinely occur incident to treatment, payment, and health care operations activities, we are sometimes required or permitted by law to make other types of uses and disclosures of your PHI, most of which do not require your written authorization. Some uses and disclosures, for which neither an authorization, nor an opportunity to agree or object are required, are summarized in this Section D below.

Other uses and disclosures, which require that you be presented an opportunity to agree or to object, but which do not require your authorization as a condition of use or disclosure, are summarized in Section E below. Uses and disclosures which require your written authorization are addressed briefly in Section F below.

The following categories describe various scenarios in which we may use or disclose your PHI without your written authorization:

- 1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:**
  - reporting child abuse or neglect
  - reporting reactions to drugs or problems with products or devices.
  - notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- 2. Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute. We will make an effort to inform you of the request at your last known telephone number. In some instances, we may endeavor to obtain an order protecting the information the party has requested.

4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Regarding criminal conduct or threats of violence at our offices
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person.
5. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
7. **Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.
8. **Serious Threats to Health or Safety.** Our practice and laboratories may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **Specialized Government Functions.** Uses and disclosures for specialized government functions include but are not limited to: (1) We may use and disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, (2) We may use and disclose the protected health information of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel, (3) We may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities, and/or (4) We may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual.
10. **Workers' Compensation.** We may disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

**E. USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION, FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT.**

We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to your spouse, family member, adult sibling, close friend, or any other person identified by you, if that information is directly relevant to the person's involvement in your care or payment for your care. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests.

**F. INCIDENTAL USE AND DISCLOSURE.**

The Privacy Rule does not require that every risk of incidental use or disclosure of protected health information that occurs as a result of, or as “incident to”, an otherwise permitted use or disclosure is permitted, as long as the Practice has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to reasonably necessary to accomplish the purpose for which the disclosure is sought, as required by the Privacy Rule.

**G. USES AND/OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT REQUIRE WRITTEN AUTHORIZATION OR CONSENT:**

Other than those uses and disclosures which we may encounter in the course of treatment, payment, and health care operations and those additional uses and disclosures which we are required or permitted to make by law without your authorization or consent, we will not make other uses or disclosures of your protected health information without your written authorization. Authorizations which are required for such purposes must contain, in plain language, specific descriptions of the information you want disclosed, to whom, your authorized purposes, and the duration of such authorization. Any written authorization you give us for such purposes may be revoked by you at any time, in writing, except to the extent we have taken action in reliance thereon.

**H. OTHER RELEVANT PRACTICES AND YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.**

1. **Appointment Reminders.** Unless you object, our office may contact you to remind you of an appointment or surgery. The form of contact may be by letter, by personal phone call, e-mail or text or by computerized appointment reminder system. By providing the practice with your e-mail address and cellular phone number, you are agreeing to e-mail and/or text message appointment reminders. We will leave a detailed message on your answering machine or voice mail, unless you instruct us otherwise. You must notify us in writing of your objections to be reminded of an appointment or to leave detailed messages on your voice mail or answering machine.. You may opt out from receiving e-mail or text appointment reminders at any time by writing to the Privacy Officer, Leavitt Medical Associates of FL., Inc.
2. **Request for Records to be Sent.** Except as otherwise specified above with regard to disclosures of protected health information required or permitted by law, you will be required to sign a release if you want copies of your PHI sent outside our office or released directly to you. You have the right to revoke any authorization to disclose this information at any time. In the event the Practice converts to Electronic Medical Records, you have a right to request and obtain an electronic copy of your medical record in a comparable format.

**I. YOUR RIGHTS REGARDING YOUR PHI**

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. You do not need to give a reason for your request. Our practice will endeavor to accommodate reasonable request, however, we are not required to do so.

In order to request a type of confidential communication, you must make a written request to our Privacy Officer, Leavitt Medical Associates of Florida, Inc., 2600 Lake Lucien Dr., Suite 180, Maitland, FL32751, specifying (i) the office where you customarily receive treatment; (ii) the requested method of contact; & (iii) the location where you wish to be contacted.

2. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer, Leavitt Medical Associates of Florida, Inc., 2600 Lake Lucien Dr., Suite 180, Maitland, FL32751.

Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) how you want to restrict the information (for example, whether you are requesting to have the restriction apply only to disclosures outside the Practice, only to uses by the Practice, or to both);
- (c) to whom you want the limits to apply; and how long you want the restrictions to apply.

**3. We are not required to agree to your request.** However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. We will also notify you if we do not agree to your written request.

**4. Right to Inspect and Obtain Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not necessarily including psychotherapy notes. You must submit your request in writing to our Privacy Officer, Leavitt Medical Associates of Florida, Inc., 2600 Lake Lucien Dr., Suite 180, Maitland, FL32751 in order to inspect and/or obtain a copy of your PHI. The practice may deny an individual access in certain specified situations, such as when a health care provider believes access could cause harm to the individual or another. In such situations, the individual has the right to have such denials reviewed by a licensed health care professional for a second opinion.

We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. If you request a review of our denial, a licensed health care professional chosen by us will conduct reviews.

**5. Right to Amend.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer, Leavitt Medical Associates of Florida, Inc., 2600 Lake Lucien Dr., Maitland, FL 32751.

You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.

Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**6. Right to Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes.

All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.

Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the support staff; or the billing department using your information to file your insurance claim.

In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, Leavitt Medical Associates of Florida, Inc., 2600 Lake Lucien Dr., Suite 180, Maitland, FL32751.

The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**7. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this Notice at any time

**8. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with The Office of Civil Rights, Department of Health and Human Services. To file a complaint with our practice, contact Privacy Officer, Leavitt Medical Associates of Florida, Inc., 2600 Lake Lucien Dr., Suite 180, Maitland, FL32751, (800) 339-1729, extension 1115, Fax (407) 875-0255. All complaints must be submitted in writing. You will not be penalized for filing a complaint.