



## Patient Notices

This document describes our **Privacy Practices** and your **Rights and Responsibilities** as a patient of Coastal Infusion. No action is necessary on your part, though you may wish to keep a copy of these Patient Notices with your other important medical records.

### PRIVACY PRACTICES

*Coastal Infusion LLC ("Coastal Infusion") is required to provide this Notice, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").*

Coastal Infusion is committed to the privacy and confidentiality of your Protected Health Information ("PHI"). PHI is information about you, including demographic information and medical information that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

Except as described in this Notice, Coastal Infusion will obtain your written authorization before sharing your PHI with any third party.

### How We May Use and Disclose PHI

Here is how we might use or disclose your PHI without your written authorization:

1. **Treatment.** We may share your PHI with the doctors, nurses, and other staff taking care of you, so that they can understand your medical condition and provide treatment.
2. **Affiliated Providers.** We may share your PHI with affiliated providers, such as your primary care physician or the referring provider who wrote the prescription for the drugs we are infusing.
3. **Payment.** We may use your PHI or share it with others to obtain payment for your care. For example, we may share information about you with your health insurance company to determine whether it will cover your treatment or to obtain reimbursement after we have treated you.
4. **Healthcare Operations.** We may use your PHI or share it with others in the course of our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you.

5. **Business Associates.** We may share your PHI with other companies that perform business services for us, such as the vendor that provides our EMR (electronic medical record) software, or consultants who are not employees of Coastal Infusion, or employees of our affiliate companies. When we share your information with any of these companies, we require a signed Business Associate Agreement to ensure that they will protect your PHI.
6. **Appointment Reminders, Follow Up, Treatment Alternatives, Benefits and Services.** We may use your PHI when we contact you with a reminder that you have an appointment for treatment or services, or as a follow-up to determine your well-being or satisfaction after receiving care. We also may use your health information to recommend possible treatment alternatives.
7. **Friends and Family Involved in Your Care.** Unless you direct us not to do so, we may share your PHI with a family member, relative, close friend, or other person identified by you who is involved in your care or payment for that care.

### **Right to Request Additional Privacy Protections**

You have the right to request that we restrict the way we use and disclose your PHI or limit how we disclose information about you to family or friends involved in your care.

We may not agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law, but if we do agree, we will be bound by that agreement except as described below.

### **Additional Disclosure with Your Permission**

If you want us to share your PHI with any other third party, you must complete an Authorization for Release of Information. This form might be necessary if you want us to release information to an insurance company (other than your health insurance carrier), or to an employer, school, or community organization. For example, a life insurance company may request that we send PHI so that they can determine whether to issue a policy to you. Coastal Infusion will not disclose your PHI to them without an Authorization for Release of Information.

If you provide an authorization, you may revoke it at any time in writing, except to the extent that we have already relied upon it.

### **Additional Disclosure Without Your Permission**

We may use or disclose your PHI without your permission, under certain other exceptional circumstances, including:

1. **Emergencies.** We may use or disclose your PHI if you need emergency treatment but are unable to provide a written authorization.
2. **As Required by Law.** We may use or disclose your health information if we are required by law to do so, or pursuant to a court order.
3. **Public Health and Oversight Activities.** We may disclose your PHI to authorized public health officials so they may carry out their public health activities. This includes reporting certain diseases, deaths, and reactions to medications. For example, we may share your PHI with government officials who are responsible for controlling disease, injury, or disability.
4. **Government Agencies.** We may release your PHI to government agencies authorized to conduct audits, investigations, and inspections of healthcare facilities. We may also disclose your PHI to a person or company that is required by the Food and Drug Administration to conduct certain oversight activities.
5. **Victims of Abuse or Neglect.** We may release your PHI to a public health authority that is authorized to receive reports of abuse and neglect when the law requires or permits such reports. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.
6. **National Security and Intelligence Activities or Protective Services.** We may disclose your PHI to authorized federal officials who are conducting national security and intelligence activities.
7. **Military and Veterans.** If you are in the Armed Forces, we may disclose your PHI to appropriate military command authorities for activities they deem necessary to carry out their military mission.
8. **Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your PHI to prison officials or law enforcement officers if necessary to provide you with healthcare, or to maintain safety, security, and good order at the place where you are confined.
9. **Workers' Compensation.** We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries.
10. **In the Event of Your Death.** We may disclose your PHI to a coroner, medical examiner, or funeral director. If you are an organ or tissue donor, we may disclose your PHI to organizations that procure or store organs, eyes, or other tissues so that these

organizations may investigate whether donation or transplantation is possible under applicable law.

11. **Research.** In most cases, we will ask your written authorization before using your PHI or sharing it with others to conduct research. However, under some circumstances, we may use or disclose your PHI without your authorization if we obtain approval through a special review process to ensure that research without your authorization poses minimal risk to your privacy.

## Accounting of Disclosures

You have a right to request an "accounting of disclosures," which is a list with information about how we have shared your information with others. Your request must include a period for the disclosures you want us to describe. Send your request to:

Privacy Officer  
Coastal Infusion, LLC  
4331 North Federal Highway, Suite 300  
Fort Lauderdale, FL 33308

We will notify you of any cost involved so that you may withdraw or modify your request before costs are incurred. Note that an Accounting will not include disclosures made to anyone listed under the heading "How We May Use and Disclose PHI," above.

## PATIENTS' RIGHTS AND RESPONSIBILITIES

*As a patient of Coastal Infusion LLC ("Coastal Infusion") you have certain rights and responsibilities. We've outlined these below.*

### Your Rights as a Patient

1. **Choices.** You have the right to choose your healthcare provider(s), refuse care (within the confines of the law), receive information concerning the consequences of refusing care, and receive a cost estimate before care is provided.

This means that the decision about whether to allow us to treat you is yours alone, even if your doctor recommended us. It also means that if your doctor referred you to another infusion center, you are free to choose Coastal Infusion instead.

2. **Informed Consent.** You have the right to receive all the information necessary to give informed consent for your care. This information will be provided in a form and language you can understand.
3. **Qualifications of Our Staff.** You have the right to know the name, function, and qualifications of all Coastal Infusion staff who provide care to you.
4. **Responsiveness.** You have the right to a timely response from Coastal Infusion notifying you when services prescribed by your physician will begin, what care will be provided, how modifications of your care will be communicated to you, and anticipated outcomes of care and of any barriers to achieving these outcomes.
5. **Termination Notice.** You are entitled to receive reasonable notice regarding the termination of services or the anticipated transfer of your healthcare to another provider.
6. **Non-Discrimination.** You are entitled to appropriate professional quality care without discrimination due to diagnosis, race, creed, color, religion, sex, national origin, sexual orientation, handicap, disability, or age and to be treated with courtesy and respect by all Coastal Infusion employees. You also have the right to be free from physical and mental abuse, neglect, and exploitative practices.
7. **Policies.** Under Florida law, you have the right to formulate Advanced Directives.
8. **Access to Your Records.** You have the right to inspect and obtain a copy of any information maintained in our medical and billing records. To inspect or obtain a copy of your record, contact us in writing. We may charge a fee for the costs of copying, postage, or preparing a response to your request.

If we deny your request, we will provide a written explanation of our reasons, a description of your rights to have that decision reviewed, and an explanation of how to exercise those rights.

9. **Amending Records.** If you believe that any information we have about you is incorrect or incomplete, you have the right to request an amendment for as long as the information is kept in our records. You must request an amendment in writing.

If we deny any part of your request for an amendment, we will provide a written explanation of our reasons. If you disagree with our reasons, you will have the right to submit a statement explaining why. We will include that statement in your record and include it in any future disclosure of your PHI.

10. **Confidentiality.** You have the right to privacy and confidentiality of your written, verbal, or electronic communications with Coastal Infusion, and of your Protected Health Information (PHI). Our notice on Privacy Practices describes this right in more detail.
11. **Confidential Communication.** You have the right to request that we communicate with you about your medical matters in a more confidential way than usual. For example, you may ask that we contact you at work instead of at home.
12. **Complaints.** You have the right to register complaints regarding your care with Coastal's management and owners or with the Florida Department of Health, or the Accreditation Commission for Healthcare (ACHC). You may voice grievances with or suggest changes in services or staff without being threatened, restrained, or discriminated against.

## **Patients' Responsibilities**

1. **Full Disclosure.** As a patient, it is your responsibility to provide Coastal Infusion with accurate and complete information, including information about allergies (present and past), and to report any change in your prescription or medical condition.
2. **Participation.** You have a responsibility to participate actively in your care by following the plans for administration of your prescribed medication, care of catheters (if you have one), and instructions of Coastal Infusion's staff.
3. **Feedback.** You are responsible for informing Coastal Infusion of your needs and expectations for care.
4. **Consequences of Decisions.** As a patient, you must accept the consequences of any refusal of treatment or decision to disregard the agreed upon plan of care.
5. **Keeping Appointments.** You are responsible for advising Coastal Infusion when you are unable to keep an appointment, and when you are unavailable (for example because you are out-of-town, on vacation, or hospitalized).
6. **Respect for Our Staff.** You are expected to show respect and consideration for Coastal personnel and property, and to follow Coastal Infusion's policies and procedures regarding patient care and conduct.
7. **Advance Directives.** It is your responsibility to provide Coastal Infusion with a copy of any written Advance Directives.
8. **Financial Responsibilities.** You are expected to meet any financial obligations to Coastal Infusion promptly, and to notify us of any change in insurance coverage on a timely basis.

For more information, consult the Coastal Infusion Financial Agreement you executed before your first treatment.

9. **Questions.** Finally, you are responsible for requesting further information concerning anything you do not understand.

## CONTACTING US OR FILING A COMPLAINT

*Coastal Infusion strives to provide exceptional service to every patient. If you believe that we have failed in any respect, or if you believe that any of your rights have been violated, you have the right to file a complaint and to have that complaint reviewed by any or all of the following.*

### Coastal Infusion

To file a complaint with us, write to us at the address below, or call (305) 831-1000.

Medical Director  
Coastal Infusion LLC  
4331 N Federal Highway, Suite 300  
Fort Lauderdale, FL 33308

Coastal Infusion will review any formal complaint you lodge and will provide a prompt written response, including a description of any actions we take in response. All complaints and our responses remain on file and are available to regulatory and accrediting agencies with jurisdiction over Coastal Infusion.

### Florida Department of Health

To contact the Florida Department of Health, go online to <https://flhealthsource.gov/ula/>.

### Agency for Healthcare Administration

To contact the Agency for Healthcare Administration (ACHA), Florida's clinic licensing agency, go online to <https://apps.ahca.myflorida.com/hcfc/>.

### Changes to this Notice

This notice was last updated on November 19, 2024. Though we do so only infrequently, we may change our privacy practices and the terms of this Notice at any time. The most current version of this Notice will always be available on our website at <https://coastalinfusion.com> or you can request a current copy by calling or writing to us.