



DR. MARTIN RESSLER, III
870 Clark Street
Suite 1040
Oviedo, FL 32765
Telephone: (407) 977-5005
Fax: (407) 366-3327

OVIEDO INJURY AND WELLNESS CENTER
HIPAA NOTICE OF PRIVACY PRACTICES

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

At Oviedo Injury and Wellness Center we are committed to treating and using protected health information ("PHI") about you responsibly. This Notice of Privacy Practices ("Notice") describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This Notice has been updated in accordance with the HIPAA Omnibus Rule. It applies to all PHI as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit the Practice; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information may be used or disclosed to:

- Plan your care and treatment.
- Communicate with other providers who contribute to your care.
- Serve as a legal document.
- Receive payment from you, your plan, or your health insurer.
- Assess and continually work to improve the care we render and the outcomes we achieve.
- Comply with state and federal laws that require us to disclose your health information.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Practice, the information belongs to you. You have the right to request to:

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. “Unsecured PHI” refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, such revised Notices will be made available to you.

We will not use or disclose your health information without your written authorization, except as described in this Notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Practice Privacy Officer at:

Oviedo Injury and Wellness Center /Dr. Martin Ressler III/(407) 977-5005

If you believe your privacy rights have been violated, you can file a written complaint with Practice’s Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Purposes For the Use and Disclosure of Your Protected Health Information

Treatment: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. To promote quality care, the Practice operates an EMR. This is an electronic system that keeps health information about you. The Practice may also provide a subsequent healthcare provider with health information about you (e.g., copies of various reports) that should assist him or her in treating you in the future. The Practice may also disclose health information about you to, and obtain your health information from, electronic health information networks in which community healthcare providers may participate to facilitate the provision of care to patients such as yourself. The Practice may use a prescription hub which provides electronic access to your medication history. This will assist Practice health care providers in understanding what other medications may have been prescribed for you by other providers.

Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, diagnosis, procedures, and supplies used.

Health Care Operations: We may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates: We may contract with third parties to provide services on our behalf and disclose your health information to our business associate so that they can perform the job we’ve asked them to do. We require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication from Offices: We may call your home or other designated location and leave a message on voice mail, text, in person, or by e-mail, in reference to any items that assist the Practice in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail to your home or other designated location any items that assist the Practice in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, patient satisfaction surveys and patient statements.

Communication with Family/Personal Friends: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. When a family member(s) or a friend(s) accompany you into the exam room, it is considered implied consent that a disclosure of your PHI is acceptable.

To Avert a Serious Threat to Health or Safety: We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual. The Practice may use a single compound authorization to combine conditioned and unconditioned authorizations for research (e.g. participation in research studies, creation or maintenance of a research database or repository), provided the authorization: (i) clearly differentiates between the conditioned (provision of research related treatment is conditioned on the provision of a written authorization) and unconditioned research components; and (ii) provides the individual with an opportunity to opt in to the unconditioned research activities.

Coroners, Medical Examiners and Funeral Director: In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Deceased Individuals: In the unfortunate event of your death, we are permitted to disclose your PHI to your personal representative and your family members and others who were involved in the care or payment for your care prior to your death, unless inconsistent with any prior expressed preference that you provided to us. PHI excludes any information regarding a person who has been deceased for more than fifty (50) years.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations, federally funded registries, or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you by mail, e-mail or text to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we must obtain your prior written authorization for any marketing of products and services that are funded by third parties. You have the right to opt-out by notifying us in writing.

Fund Raising: We may contact you as part of a fund-raising effort. We may also disclose certain elements of your PHI, such as your name, address, phone number and dates you received treatment or services at Practice, to a business associate or a foundation related to Practice so that they may contact you to raise money for Practice. If you do not wish to receive further fundraising communications, you should follow the instructions written on each communication that informs you how to be removed from any fundraising lists. You will not receive any fundraising communications from us after we receive your request to opt out, unless we have already prepared a communication prior to receiving notice of your election to opt out.

Sale of your PHI: The Practice may not “sell” your PHI (i.e., disclose such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such an exchange meets a regulatory exception.

Health Oversight Activities: We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law.

Inmates and Correctional Institutions: If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety at the place where you are confined.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

As Required by Law: We may use or disclose your health information if we are required by law to do so.

UPDATES TO THIS NOTICE OF PRIVACY PRACTICES EFFECTIVE NO LATER THAN FEBRUARY 16, 2026

Confidentiality of Substance Use-Related Information

As part of providing healthcare services, this practice may obtain or document information related to alcohol use, prescription medication use, or other substance-related information through patient intake forms, health histories, referrals, or communications with other healthcare providers.

Certain substance use-related information is subject to additional protections under federal law. Although this practice does not provide substance use disorder treatment services, any substance use-related information that becomes part of your medical record is handled in accordance with applicable federal privacy requirements.

Such information may be used and disclosed for treatment, payment, and healthcare operations as permitted by law. In some circumstances, your written consent may be required before this information may be disclosed.

Substance use-related information may not be used or disclosed for certain non-healthcare purposes, including criminal, civil, or administrative investigations against a patient, unless specifically permitted by federal law or required by a valid court order.

This practice does not discriminate against patients based on substance use-related information or a patient's decision to disclose such information as part of their healthcare.

Privacy and Confidentiality of Reproductive Health Information

Federal privacy regulations require healthcare practices to include additional protections for reproductive health information. This policy establishes how the practice safeguards reproductive health information that may be obtained as part of patient intake, health histories, referrals, or coordination of care.

This practice does not provide reproductive health services. However, reproductive health information may be disclosed by patients as part of their medical history and must be handled in compliance with applicable privacy laws.

Scope

This policy applies to all workforce members, including employees, contractors, students, and volunteers who have access to patient information.

Definition of Reproductive Health Information

For purposes of this policy, reproductive health information may include, but is not limited to:

- Pregnancy history or status
- Use of contraception
- Fertility or infertility history
- Miscarriage or pregnancy loss

- Menstrual history
- Related medical conditions disclosed by the patient

This information may appear in intake forms, clinical notes, correspondence from other providers, or insurance documentation.

Permitted Uses and Disclosures:

Reproductive health information may be used or disclosed only as permitted by HIPAA and other applicable laws, including:

- Treatment, payment, and healthcare operations
- Care coordination or referrals when clinically appropriate
- Administrative and billing functions as allowed by law

Disclosures must be limited to the minimum necessary information required to accomplish the intended purpose.

Prohibited Uses and Disclosures:

Reproductive health information must not be used or disclosed for non-healthcare purposes unless required by law.

The practice will not use or disclose reproductive health information for the purpose of investigating, penalizing, or taking action against a patient or any other individual related to lawful reproductive healthcare activities.

Workforce members must not respond to requests for reproductive health information from law enforcement, governmental agencies, or third parties without first consulting the Practice's Privacy Officer.

Documentation and Requests

Any request for reproductive health information that is unusual, unclear, or appears to be related to an investigation or legal action must be referred to the Privacy Officer before any information is released. Staff should not attempt to interpret legal requests independently.

Non-Discrimination and Non-Retaliation

The practice does not discriminate against patients based on reproductive health information or a patient's decision to disclose such information. Retaliation against patients or staff related to the handling or protection of reproductive health information is prohibited.

Training and Compliance

All workforce members are expected to comply with this policy and applicable privacy laws. Failure to comply may result in disciplinary action, up to and including termination, in accordance with practice policy.

Questions regarding this policy or the handling of reproductive health information should be directed to the Practice's Privacy Officer.

**HIPAA NOTICE OF PRIVACY PRACTICES FORM
ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES**

Patient Name: _____
Date of Birth: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

I, the undersigned, acknowledge that I have been made aware that I have been offered the opportunity to review the **Notice of Privacy Practices** from [Your Practice's Name], which explains how my medical information will be used and disclosed, and how I can get access to this information. I also acknowledge that I am entitled to a copy of this Notice of Privacy Practices upon request.

I understand that the Notice of Privacy Practices may be revised periodically and that I can request a copy of any revisions by contacting the practice.

I also understand that if I have any questions regarding the Notice of Privacy Practices, I can contact the Privacy Officer at [Your Practice's Phone Number] or in writing at [Your Practice's Address].

By signing below, I acknowledge that I have received and reviewed a copy of this notice.

I also give [name of practice] permission to:

- Leave a message on my answering machine or voicemail.
 ___ Yes ___ No
- Confirm appointments by leaving messages or speaking with family.
 ___ Yes ___ No
- Leave Pre-medication reminders (if applicable).
 ___ Yes ___ No
- Speak with the following family members regarding my care?
 ___ Yes ___ No
- Names of family members the practice may speak with regarding my care:

_____	Relationship:	_____

Patient Signature: _____
Date: _____

If signed by a personal representative, please complete the following:

Personal Representative's Name: _____
Relationship to Patient: _____
Signature of Personal Representative: _____
Date: _____