

Notice of privacy practices.

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

This Notice of Privacy Practices describes the privacy practices of CareSpot Urgent Care. In this Notice, we refer to ourselves as “CareSpot”, “we”, “us”, or “our”.

By law, we must maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information. This Notice describes how may use and share your protected health information. It also describes your rights regarding the protected health information we maintain about you.

We are required by law to abide by the terms of this Notice.

Who Will Follow This Notice

This Notice applies to the CareSpot Affiliated Covered Entity. The CareSpot Affiliated Covered Entity is a group of covered entities under common control or ownership that have designated themselves as a single covered entity to comply with the Health Insurance Portability and Accountability Act (“HIPAA”). Members of the affiliated covered entity can share protected health information with each other. We do this for treatment, payment, and healthcare operations, as described in this Notice and allowed under HIPAA. A complete list of the members of the CareSpot Affiliated Covered Entity may be found by visiting the following link: <https://www.carespot.com/aced-statement/>

This Notice also applies to CareSpot’s workforce, which includes all healthcare professionals, employees, staff, trainees, students, volunteers within the CareSpot Urgent Care Affiliated Covered Entity Designation.

Your Protected Health Information

Your protected health information includes information that can be used to identify you and relates to your past, present and future physical or mental health or condition, treatment and health care services, and payment for health care services. This includes things like your name and contact information, health insurance information, medical history, and medications. We collect protected health information from and about you to provide you with health care services and to receive payment for those services.

Uses or Disclosures of Your Protected Health Information

The following section describes how we may use and share your protected health information without your permission. These are general descriptions only. Not every use and disclosure will be listed here.

Treatment. We use and share your protected health information to provide you with medical treatment and share it with other health care providers who are treating you.

Payment. We use and share your protected health information in order to bill and get paid for our services, including from you and your health plan or other entities.

Health Care Operations. We use and share your protected health information to run our business, improve our care, and contact you when appropriate. For example, we may use or disclose your protected health to monitor the quality of our services, provide you with appointment reminders, recommend treatment alternatives, create de-identified data that no longer identifies you.

In addition, we are allowed to use or share your protected health information without your consent in other situations, including:

As Required By Law. When the use or sharing of your protected health information is necessary to comply with federal, state, or local laws.

Business Associates. When we contract with third parties to perform services for us, we may disclose your protected health information to these third parties (business associates) so that they can perform the job we have asked them to do. However, to protect your protected health information, we require the business associate to appropriately safeguard your protected health information.

Individuals Involved in Your Care or Payment for Your Care. For example, we may use and share your protected health information with a family member, friend, or other person involved in your care or with someone responsible for your medical bills, paying for your health care services. After death, we may share your protected health information to a person allowed by law to act for your estate.

Public health and safety activities. For example, to prevent or control diseases or other injuries, to report adverse events relating to food or dietary supplements or product defects, treatments, or medications, and to prevent or reduce a serious threat to anyone’s health or safety.

Abuse, neglect, or domestic violence. For example, to report suspected abuse, neglect, or domestic violence to social service or protective services agencies.

Health oversight activities. For example, to respond to audits, civil, administrative, or criminal investigations, inspections, licensure, or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs.

Judicial and administrative proceedings. For example, to respond to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.

Law Enforcement. For example, to identify or locate a suspect, fugitive, or material witness, or missing person, to report the information about the victim of a crime or about a death we suspect may have resulted from criminal conduct, or about criminal conduct we believe may have occurred in our clinics.

Coroners, medical examiners, and funeral directors. For example, to enable these professionals in carrying out their obligations (such as identifying a deceased individual, determining cause of death, etc.)

Organ or Tissue Donation. For example, for purposes of cadaveric donation of organs, eyes or tissue.

Research. For example, to a researcher when the study has been approved by a special review board, there is an approved protocol to protect your health information, and your written permission is not required.

Avert a serious threat to health or safety. To prevent a serious threat to your health and safety or the health and safety of another person or the public.

Specialized Government Functions. For example, as required by appropriate military command authorities, authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement official, we may release your protected health information to the correctional institution or law enforcement official. The release of protected health information is required: (1) for the institution to provide you with health care; (2) to protect your health and safety of others; and (3) for the safety and security of the correctional institution.

Workers’ Compensation. We may release your protected health information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

All Other Situations, With Your Specific Permission

Except as otherwise permitted or required by law, we may not use or disclose your protected health information without your written permission (or authorization). For instance, the following situations involving your protected health information require your specific authorization:

- Marketing
- Disclosures that constitute a sale of your protected health information
- Most uses and disclosures of psychotherapy notes

If you have given us your written authorization, you may revoke your authorization, in writing, at any time. We will honor your revocation, but we cannot change or undo the uses and disclosures we have made of your protected health information based on the permissions you granted before your revocation.

Your Rights

Under HIPAA, you have certain rights with respect to your protected health information.

The following is a brief overview of your rights and our duties with respect to enforcing those rights. To exercise your rights, please send a written request to the CareSpot Compliance Officer using the contact information at the end of this Notice.

Right to Request Restrictions on Use or Disclosure

You have the right to request restrictions on certain uses and disclosures of your protected health information about yourself. You may request restrictions on the following uses or disclosures:

- to carry out treatment, payment, or healthcare operations;
- disclosures to family members, relatives, or close personal friends of protected health information directly relevant to your care or payment related to your health care, or your location, general condition, or death;
- instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance;
- permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information; or
- disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

We are not required to agree with your request for restrictions.

If we agree to a restriction, we will honor your request, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Right to Request Restriction on Disclosures to Health Plans for Services Paid for In Full at Time of Service

You have the right to request, in writing, that we restrict disclosures of protected health information to a health plan for purposes of carrying out payment or healthcare operations if the protected health information pertains solely to a healthcare item or service for which we have been paid out of pocket in full at time of service. We will honor this type of restriction request unless we are required by law to share your information with the health plan.

Right to Receive Confidential Communications

You can ask us to contact or communicate with you in specific ways. For example, you can ask that we contact you at a specific phone number or send mail to a different address

To request confidential communications, send a written request to the CareSpot Compliance Officer. Your request must state how, where, or when you would like us to contact you. We will honor all reasonable requests.

Right to Inspect and Copy Your Protected Health Information

You can ask for an electronic or paper copy of the protected health information we maintain about you. This may include medical and billing records, but does not include (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law.

To ask for a copy of your protected health information, send a written request to the CareSpot Compliance Officer. We may charge a reasonable, cost-based fee to provide you the copy you have requested as permitted by HIPAA.

If we deny your request, we will notify you in writing. We will let you know if you may request a review of the denial.

Right to Amend Your Protected Health Information

You can ask that we correct health information about you that you think is incorrect or incomplete. If we deny your request, we will explain our decision to you in writing.

Right to Receive an Accounting of Disclosures of Your Protected Health Information

You can ask us for a list (accounting) of certain disclosures that we have made of your protected health information in the six (6) years prior to the date you ask for the list. The accounting will not include every disclosure made, including those for treatment, payment, and health care operations purposes, or those disclosures made directly to you or with your consent.

We will provide the first accounting to you in any twelve (12) month period without charge but may impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period.

All requests for an accounting must be made in writing to CareSpot’s Compliance Officer and include the time period for which you want to receive the accounting.

Right to Be Notified of a Breach

We will notify you if a “breach” occurs that compromised the privacy or security of your protected health information.

Right to a Paper Copy of this Notice

You have a right to a paper copy of this Notice. You can ask us to give you a copy of this Notice at any time. You can also ask for a paper copy of this Notice by sending a written request to our Compliance Officer. An electronic copy of this Notice is available at the CareSpot Urgent Care website, <https://www.carespot.com/notice-of-privacy-practices/>.

Questions or Complaints

Complaints If you believe that your privacy rights have not been followed, you may file a complaint with us. Please send any complaint to the CareSpot Compliance Officer by using the contact information below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human services.

We will not retaliate or penalize you in any way for filing a complaint.

Questions If you have questions, would like to exercise your rights, or would like further information about this Notice, please contact CareSpot’s Compliance Officer by mail, email, or phone.

CareSpot Compliance Officer Contact Details

CareSpot Urgent Care
10151 Deerwood Park Blvd
Building 400 – Suite 200
Jacksonville, FL 32256

E-Mail: compliance@CareSpot.com
Phone: (904) 223-2333

Changes to this Privacy Policy

We reserve the right to revise or amend this Notice at any time. These revisions or amendments may be made effective for all protected health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Notice, or when changes in the law affect the terms of this Notice, within 60 days of the effective date of such revision, amendment, or change.

Effective Date

This Notice is effective as of December 1, 2020. It was revised on February 21st, 2024.

