SUNSHINE RHEUMATOLOGY AND ARTHRITIS CENTER

Notice of Privacy Practices

Your medical information, your rights, and our responsibilities.

Effective date: June 2018.
Last revised: June 30, 2026.

Privacy questions: contact the **Manager** at 813-333-5080 or support@sunshinerheumatology.com.

Who follows this notice

This notice describes how Sunshine Rheumatology and Arthritis Center may use and disclose your protected health information and how you can obtain access to it. Please read it carefully. This notice applies to all Sunshine Rheumatology and Arthritis Center locations: Tampa, Brandon, Sun City Center, Lakewood Ranch, and Venice. Privacy correspondence for all locations should be mailed to our Sun City Center office at the address below.

Our clinicians, employees, and other workforce members follow this notice when handling information for the practice. Outside service providers handling information on our behalf must meet the applicable privacy obligations described below.

Health information includes information about your condition, treatment, and payment for care. This notice addresses that information in paper, electronic, and other forms. Website cookies and browsing are described separately in our website privacy policy.

Your rights

- **See or obtain records.** You may request access to your medical and billing records, including an electronic copy when available. We normally respond within 30 days. If a permitted extension is needed, we will explain the reason and completion date in writing. Any copying fee will be reasonable, cost-based, and permitted by law. If access is denied, we will explain the reason and any review rights.
- **Request a correction.** Ask us to amend information you believe is inaccurate or incomplete. We normally respond within 60 days. We will explain any permitted extension or denial in writing. If we deny the request, you may submit a statement of disagreement.
- **Request private communications.** Ask us to contact you at a different address or in a particular way. We will accommodate reasonable requests.
- **Request limits.** You may ask us to restrict information used or shared for treatment, payment, or operations. We generally do not have to agree; an agreed restriction may have an emergency-treatment exception. If you pay for an item or service entirely out of pocket and ask us not to disclose it to your health plan for payment or operations, we will honor that request unless disclosure is required by law.
- **Request a disclosure accounting.** You may request a list of certain disclosures during the previous six years. Exceptions include many treatment, payment, and operations disclosures and disclosures you authorized. The first accounting in a 12-month period is free. We will tell you in advance about a permitted fee for an additional request, so you can change or withdraw it.
- **Obtain this notice.** You may request a paper copy at any time, even if you previously agreed to electronic delivery.

- **Use a personal representative.** A person legally authorized to act for you may exercise your rights, subject to applicable legal limits. We will verify that authority.

Contact us using the details below to exercise these rights. We may ask you to verify your identity or submit a request in writing.

Treatment, payment, and practice operations

When permitted by law, we may use or disclose health information without a separate authorization for:

- **Treatment:** providing and coordinating your care, such as sharing relevant laboratory results with another treating clinician or arranging an infusion.
- **Payment:** determining coverage, obtaining authorization, submitting claims, and collecting payment. For example, we may send diagnosis and treatment information to your insurer for a claim.
- **Operations:** managing the practice, reviewing quality of care, training staff, and coordinating services. We use outside vendors to help provide practice services, such as electronic records, patient registration, and billing. Vendors handling health information on our behalf must meet applicable privacy obligations, including business associate agreements where required.

We may contact you about appointments, your care, and treatment alternatives or related services as permitted by law.

Your choices and written permission

You may tell us whether to share relevant information with family, friends, or other people involved in your care or payment, or for disaster relief. If you cannot express your wishes, we may share relevant information when professional judgment indicates it is in your best interest, subject to applicable law.

Uses and disclosures outside those permitted by law or described in this notice require your written authorization. This includes most uses or disclosures of psychotherapy notes, marketing that requires authorization, and sale of protected health information. You may revoke an authorization by contacting us in writing; revocation does not undo action already taken in reliance on it.

We do not conduct fundraising or use your protected health information for marketing.

Research and clinical trials

Our practice participates in clinical trials. We may use or share health information for research with your written authorization or when a specific legal permission applies, such as a documented waiver approved by an Institutional Review Board or Privacy Board. Participation in a clinical trial involves a separate informed consent process and any required authorization for use of your health information. This notice alone does not enroll you in a study or authorize research disclosures.

Other legally permitted or required disclosures

We may use or disclose information in the following circumstances only when the legal conditions are satisfied:

- Public health activities, such as disease reporting, medication safety, product recalls, and reports of abuse or neglect.
- Reducing a serious and imminent threat to health or safety.

- Health oversight, including authorized audits, licensing, and investigations.
- Organ or tissue donation, and permitted duties of coroners, medical examiners, or funeral directors.
- Workers' compensation and legally authorized law enforcement or special government functions.
- Judicial or administrative proceedings, including qualifying court orders or subpoenas with required safeguards.
- Disclosures required by law, including disclosures to HHS for privacy compliance oversight.

These permissions do not override stronger protections under applicable law.

Records with additional protections

Florida law and other federal laws may impose additional confidentiality requirements for certain records, including mental health, HIV-related, genetic testing, and substance use disorder information. We will apply the stronger protection where it governs and obtain specific permission when required.

If we hold substance use disorder patient records protected by 42 CFR Part 2, we will not use or disclose those records, or testimony describing them, in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order and subpoena. Other disclosures of those records remain subject to applicable law.

Our responsibilities

We must protect the privacy of your health information, provide this notice, and follow the notice currently in effect. We must notify you as required by law if a breach of unsecured protected health information occurs. We will limit uses and disclosures to the extent required by law.

Changes to this notice

We may revise this notice and make the revised terms apply to information we already maintain as well as information received later, as permitted by law. The revised notice will show its effective date and be available at our offices, on our website, and upon request.

Requests, questions, and complaints

Sunshine Rheumatology and Arthritis Center
Privacy contact: **Manager**
Email: support@sunshinerheumatology.com
Phone: 813-333-5080
Mailing address for all locations: 938 Cypress Village Blvd, Suite A, Sun City Center, FL 33573

The Manager handles medical record access and correction requests, confidential communication requests, privacy questions, and complaints for all locations. Please avoid including sensitive medical details in ordinary email; we can arrange a suitable way to receive your request.

You may complain to us or directly to the U.S. Department of Health and Human Services Office for Civil Rights through its complaint website, by calling 1-877-696-6775, or by writing to 200 Independence Avenue, S.W., Washington, DC 20201. We will not retaliate against you for a complaint.