Notice of Privacy Practices

Mark Leeds, D.O., P.A. · 3290 NE 33rd Street, Fort Lauderdale, FL 33308 · 954-776-6226 · drleeds.com

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

Notice of Privacy Practices of Mark Leeds, D.O., P.A.

This notice describes:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH MARK LEEDS, D.O. AT 954-776-6226 AND INFO@DRLEEDS.COM IF YOU HAVE ANY QUESTIONS.

Effective date of this notice: November 10, 2026. This notice replaces the notice dated February 22, 2008. It is a combined notice under the federal health privacy rule (HIPAA, 45 CFR 164.520) and the federal rule on the confidentiality of substance use disorder patient records (42 CFR 2.22).

This is the Notice of Privacy Practices of Mark Leeds, D.O., P.A., the medical practice of Mark Leeds, D.O. ("the practice," "we," "us"). It applies to care you receive in the office at 3290 NE 33rd Street, Fort Lauderdale, Florida, and to care you receive by telemedicine.

If you have questions about this notice, or want more information about our privacy practices, contact our Privacy Officer, Mark Leeds, D.O., at 954-776-6226 or info@drleeds.com.

Our duties

We are required by law to:

- maintain the privacy of your protected health information;
- give you this notice of our legal duties and privacy practices with respect to your health information;
- notify you if a breach of your unsecured protected health information occurs; and
- follow the terms of the notice that is currently in effect.

We collect health information from you and store it in a medical record. The record itself is the property of the practice, but the information in it belongs to you.

How we may use and share your health information without your written authorization

The law permits or requires us to use or share your health information for the purposes below. Where Florida law or another federal law protects your information more strictly than the federal privacy rule (HIPAA), we follow the stricter law. For example, Florida law generally requires your written authorization before we release your medical records to anyone who is not involved in your care, and gives extra protection to mental health records, substance use disorder treatment records and HIV test results.

1. **Treatment.** We may use your health information to plan and provide your care, to coordinate care within the practice, and to coordinate care with other health care professionals involved in your treatment. For example, we may send a prescription to your pharmacy, or share relevant history with another physician who is treating you.
2. **Payment.** We may use and share your health information to collect payment for the services you receive. The practice does not bill health insurance plans, so we do not send your health information to insurers to obtain payment. For example, we may share the limited information a payment card processor needs to complete a payment you make. Because Mark Leeds, D.O. has opted out of Medicare, claims for his services must not be submitted to Medicare, by the practice or by the patient, and Medicare will not pay for them.
3. **Health care operations.** We may use and share your health information to run the practice and to maintain the quality of care. For example, we may use it for quality assessment and improvement, professional review and performance evaluation, compliance reviews and audits, and to work with outside companies that help us operate (see "Business associates" below).
4. **Appointment reminders and messages to you.** We may use your health information to contact you about appointments, prescriptions and your care, by phone, voicemail, text message, email or mail. If you do not want us to leave messages, or you prefer a particular way of being contacted, tell us in writing or on your acknowledgment form.
5. **Family and others involved in your care.** We may share relevant information with a family member, your personal representative, or another person you identify who is involved in your care or in paying for it, and we may notify them of your location, general condition or death. If you are able and available, we will give you the chance to agree or object first. If you are not, we will use our professional judgment about what is in your best interest, including when allowing someone to pick up prescriptions, supplies or similar items for you.
6. **Business associates.** We may share your health information with outside companies that perform services for the practice, such as electronic medical record, telemedicine, payment processing, electronic signature and data storage providers. These companies are required by written agreement to protect your information.
7. **When required by law.** We will use or share your health information when a federal, state or local law requires it.
8. **Public health.** We may share your health information with public health authorities for purposes such as preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting abuse, neglect or domestic violence when the law requires or allows it; reporting problems with medications or

products to the Food and Drug Administration; and notifying people who may have been exposed to a disease.

9. **Health oversight.** We may share your health information with health oversight agencies for audits, investigations, inspections, licensure and similar activities authorized by law.
10. **Judicial and administrative proceedings.** We may share your health information in response to a court or administrative order, and in some cases in response to a subpoena or other lawful process, subject to the conditions the law imposes.
11. **Law enforcement.** We may share limited health information with law enforcement officials when the law requires or permits it, for example to comply with a court order or warrant, or to help identify or locate a suspect, fugitive, material witness or missing person.
12. **Coroners, medical examiners and funeral directors.** We may share health information with these officials so that they can carry out their duties.
13. **Organ and tissue donation.** We may share health information with organizations that handle organ, eye or tissue donation and transplantation.
14. **Research.** We may share health information with researchers when the research has been approved by an institutional review board or privacy board that has reviewed the plan to protect your privacy.
15. **Serious threat to health or safety.** We may use or share health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
16. **Workers' compensation.** We may share health information as needed to comply with workers' compensation laws.
17. **Specialized government functions.** We may share health information for military, national security and similar government functions when the law requires it, and with a correctional institution if you are in custody.
18. **Change of ownership.** If the practice is sold or merged with another organization, your medical record will become the property of the new owner, who must continue to protect it as the law requires.

Substance use disorder treatment records (42 CFR Part 2)

Federal law protects the confidentiality of substance use disorder patient records. This section applies to records that identify you as having or having had a substance use disorder and that the practice creates or receives for the diagnosis, treatment or referral for treatment of that disorder, for example treatment of opioid use disorder or alcohol use disorder. For these records, the federal law at 42 U.S.C. 290dd-2 and 42 CFR Part 2 ("Part 2") applies in addition to the rest of this notice. Where Part 2, Florida law or the rest of this notice differ, we follow whichever rule protects you more.

When we may use or share these records without your written consent

Part 2 allows us to use or share these records without your written consent only in these situations:

- **Within the practice.** Among the practice's own personnel who need the information to carry out their duties in your diagnosis, treatment or referral for treatment.
- **Qualified service organizations.** With outside companies that provide services to the practice, such as electronic record, data storage, laboratory or professional services, under a written agreement in which they agree to follow Part 2.

- **Medical emergencies.** With medical personnel to the extent needed to meet a genuine medical emergency in which your consent cannot be obtained, and with medical personnel of the Food and Drug Administration when a product error may threaten someone's health.
- **Reports of suspected child abuse or neglect.** To the appropriate state or local authorities, as state law requires.
- **A crime at the practice or against its personnel.** To law enforcement, limited to the circumstances of the incident and basic information about the person involved, when a crime is committed or threatened on the practice's premises or against its personnel.
- **Research.** For scientific research that meets the conditions in Part 2.
- **Audits and evaluations.** To persons authorized to carry out a management audit, financial audit or program evaluation, who must agree in writing to protect the records.
- **Public health.** To a public health authority, only after the information has been de-identified so that it cannot be used to identify you.
- **Cause of death.** Under laws that require the collection of death or other vital statistics or that permit inquiry into a cause of death.
- **Court orders.** When a court of competent jurisdiction issues an order that meets the requirements of Part 2, as described below.

Uses that require your written consent

We will make any other use or disclosure of these records only with your written consent. For example, we need your written consent before we share these records with another physician, a pharmacy, a laboratory, a health plan, a family member, an employer or an attorney, or report a prescription to the state prescription drug monitoring program.

- You may give a single consent for all future uses and disclosures for treatment, payment and health care operations.
- You may revoke a written consent at any time by telling us in writing, except to the extent that we have already acted in reliance on it. If your treatment is a condition of a criminal justice matter, special rules on revocation in 42 CFR 2.35 may apply.
- Records that are disclosed to a Part 2 program, covered entity or business associate under your written consent for treatment, payment and health care operations may be further disclosed by that recipient, without your written consent, to the extent the HIPAA regulations permit such disclosure.
- Substance use disorder counseling notes, if we keep any separately from the rest of your record, require their own specific written consent for most uses and disclosures.

Legal proceedings against you

- Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal or legislative proceedings against you unless based on your specific written consent or a court order.
- Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or to the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2.

- A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

The same protection applies to substance use disorder treatment records that we receive from other programs covered by Part 2.

Your rights for these records

In addition to the rights listed under "Your rights" below, you have the right to:

- ask us to restrict uses and disclosures made with your prior consent for treatment, payment and health care operations. We are not required to agree, except as stated in the next item;
- ask for, and obtain, a restriction on disclosures of these records to your health plan for services you have paid for in full;
- receive an accounting of disclosures of these records made with your consent during the three years before your request, including disclosures for treatment, payment and health care operations made through an electronic health record;
- receive, from any intermediary (such as a health information exchange) that received your records under a general designation in your consent, a list of the persons to which it disclosed them during the past three years;
- obtain a paper or electronic copy of this notice on request;
- discuss this notice with Mark Leeds, D.O., at 954-776-6226 or info@drleeds.com; and
- choose not to receive fundraising communications. The practice does not use these records, or any patient information, for fundraising.

To use any of these rights, send a written request to the Privacy Officer at the address at the end of this notice.

Our duties for these records

We are required by law to maintain the privacy of substance use disorder treatment records, to give you notice of our legal duties and privacy practices with respect to those records, to notify you following a breach of unsecured records, and to follow the terms of the notice currently in effect. The sections of this notice on changes, complaints and contact apply to these records as well. A violation of Part 2 may be reported to the practice and to the Secretary of the U.S. Department of Health and Human Services, and you will not be retaliated against for filing a complaint.

Uses that require your written authorization

We will ask for your written authorization before we use or share your health information for any purpose not described in this notice. In particular, we need your written authorization for:

- most uses and disclosures of psychotherapy notes, if we keep any;
- using or sharing your health information for marketing; and
- any sale of your health information.

We do not sell health information, and we do not use it for marketing or for fundraising.

If you give us an authorization, you may revoke it in writing at any time. The revocation stops future uses and disclosures, but it cannot undo what we already did while relying on your authorization.

Redisclosure

When we share your health information as this notice describes, the person or organization that receives it may not be covered by the federal privacy rule. In that case the recipient could share the information again, and it would no longer be protected by that rule.

Telemedicine and electronic communication

The same privacy protections apply whether you are seen in the office or by telemedicine. Regular email and text messages are not always secure. If you ask us to communicate with you by email or text, we will do so at your request, and you can change that preference at any time.

Your rights

You have the following rights with respect to your health information. To use any of them, send a written request to the Privacy Officer at the address at the end of this notice.

1. **Request restrictions.** You may ask us to limit how we use or share your health information for treatment, payment or health care operations, or with family and others involved in your care. We are not required to agree, with one exception: if you pay for a service in full yourself and ask us not to share information about that service with your health plan for payment or health care operations, we will agree unless a law requires the disclosure.
2. **Confidential communications.** You may ask us to contact you in a specific way or at a specific place, for example only at a certain phone number or mailing address, or not by voicemail. We will accommodate reasonable requests and will not ask you why.
3. **Inspect and get a copy.** You may look at or get a copy of your medical and billing records, on paper or in electronic form, and you may ask us to send a copy to someone you name. We may charge a reasonable, cost-based fee as the law allows. In limited situations we may deny a request, and in most of those you may ask for the denial to be reviewed.
4. **Request an amendment.** If you believe information in your record is incorrect or incomplete, you may ask us in writing to amend it and tell us why. We may deny the request if, for example, we did not create the information, it is not part of the records we keep, it is not information you are permitted to inspect, or we believe the record is accurate and complete. If we deny your request, we will explain why in writing and tell you how you can file a statement of disagreement.
5. **Accounting of disclosures.** You may ask for a list of certain disclosures of your health information that we made during the six years before your request. The list does not include disclosures for treatment, payment or health care operations, disclosures made to you or with your authorization, and certain other disclosures. One list in any 12-month period is free; we may charge a reasonable, cost-based fee for additional lists.
6. **A paper copy of this notice.** You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

7. **Notice of a breach.** You have the right to be notified if a breach of your unsecured protected health information occurs.

Changes to this notice

We reserve the right to change the terms of this notice and to make the new provisions effective for all health information we maintain, including information we created or received before the change. If we make a material change, we will post the revised notice in our office and on this page with a new effective date, and we will give a copy to anyone who asks.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting the Privacy Officer by phone, email or mail using the contact information below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights:

- online at hhs.gov/hipaa/filing-a-complaint;
- by mail to 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; or
- by phone at 1-877-696-6775.

We will not retaliate against you for filing a complaint.

Contact

Privacy Officer: Mark Leeds, D.O.
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3290 NE 33rd Street, Fort Lauderdale, FL 33308
Phone: 954-776-6226
Email: info@drleeds.com