

FLORIDA HOSPITAL FISH MEMORIAL-“NPPP”

NOTICE OF PATIENT PRIVACY PRACTICES

Effective Date: April 14, 2003

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

What type of medical information is covered by this Notice?

Medical information covered by this Notice is information that identifies you or could be used to identify you that is collected from you or created or received by Florida Hospital Fish Memorial and that relates to your past, present or future physical or mental health condition, including health care services provided to you and payment for such health care services.

If you have any questions about this notice, please contact Florida Hospital Fish Memorial Registration Department, 386-917-5596

Section A: Who Will Follow This Notice?

This notice describes Florida Hospital Fish Memorial's practices regarding the use and disclosure of your medical information, including use and disclosure by:

- Any health care professional authorized to enter information into your medical chart maintained by Florida Hospital Fish Memorial.
- All departments and units of Florida Hospital Fish Memorial.
- Any member of a volunteer group we allow to help you while you are receiving health care services from Florida Hospital Fish Memorial.
- All employees, staff and other members of the Florida Hospital Fish Memorial workforce.
- This document will be used for the Florida Hospital Fish Memorial entities as follows: Hospital Facilities, Staff and Contracted Physicians all these entities, sites and locations follow the terms of this notice, and may share medical information with each other for treatment, payment or hospital operations purposes described in this notice. This list may not reflect recent acquisitions or sales of entities, sites or locations.

Section B: Our Pledge Regarding Medical Information.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by Florida Hospital Fish Memorial, whether made by Florida Hospital Fish Memorial personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ◆ Use our best efforts to keep medical information that identifies you private;

- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- ◆ Follow the terms of the notice that is currently in effect.

Section C: How We May Use and Disclose Medical Information About You.

The following categories describe different ways in which Florida Hospital Fish Memorial is permitted to use and disclose medical information. For each category of uses or disclosures we will explain what we mean and will provide you with one or more examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Within one or more of the categories identified in Section C and Section D of this form, state and/or federal law may place restrictions on the manner in which specific types of medical information (e.g., substance abuse treatment, psychiatric treatment, human immunodeficiency virus status, etc.) may be used and/or to whom such medical information may be disclosed. In those instances where use and/or disclosure of specific medical information is restricted, we will seek appropriate authorization from you, your legal representative or a court of law/administrative tribunal before using or disclosing the restricted medical information.

➤ **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, and/or other members of the Florida Hospital Fish Memorial workforce who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Florida Hospital Fish Memorial also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to individuals outside of Florida Hospital Fish Memorial, such as family members, clergy or other health care providers, and other health care facilities, such as assisted living facilities, nursing homes, home health agencies, who may be involved in your medical care after you are discharged from Florida Hospital Fish Memorial.

➤ **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Florida Hospital Fish Memorial may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at Florida Hospital Fish Memorial so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

➤ **Health Care Operations.** We may use and disclose medical information about you for Florida Hospital Fish Memorial's operations. These uses and disclosures are necessary to operate Florida Hospital Fish Memorial and make sure that all of our patients receive appropriate care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our workforce in caring for you. We may also combine medical information about many patients to decide what additional services Florida Hospital Fish Memorial should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to

doctors, nurses, technicians, medical students, and other members of the workforce of Florida Hospital Fish Memorial for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that

identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

➤ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Florida Hospital Fish Memorial or another entity/health care provider for whom we schedule services. For example, if you are a patient of a medical clinic operated by Florida Hospital Fish Memorial, you may be notified by a hospital representative of an appointment made on your behalf to facilitate your medical treatment and physical well-being (e.g., scheduled appointment for X-ray, etc.).

➤ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, if you have been diagnosed with heart disease, you may receive information regarding treatment options that may be of interest to you.

➤ **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example, if you have undergone open-heart surgery at Florida Hospital Fish Memorial, you may receive information regarding services that may be of benefit to you in recovering from or dealing with your illness such as structured rehabilitation exercise classes and stress management training.

➤ **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for Florida Hospital Fish Memorial and its operations. We may disclose information to a business associate of Florida Hospital Fish Memorial, or the Florida Hospital Fish Memorial Foundation, a foundation related to Florida Hospital Fish Memorial, so that they may contact you to raise money for Florida Hospital Fish Memorial. We would release only contact information, such as your name, address and phone number and the dates you received treatment or services at Florida Hospital Fish Memorial. If you do not want Florida Hospital Fish Memorial to use or disclose your contact information for fundraising efforts that will benefit Florida Hospital Fish Memorial, you must notify us in writing.

➤ **Patient Directory.** We may include certain limited information about you in Florida Hospital Fish Memorial's patient-directory while you are a patient at Florida Hospital Fish Memorial. Directory information may include your name, location in Florida Hospital Fish Memorial, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless you are admitted to Florida Hospital Fish Memorial as a non-published patient, the directory information, except for your religious affiliation, may also be released to people who ask for you by name. Unless the patient is non-published, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for a patient by name. This is so your family, friends and clergy can visit you in Florida Hospital Fish Memorial and generally know how you are doing. Non-publish status may be elected by a patient (i.e., by requesting in writing that his/her presence at the Hospital not be acknowledged to family, friends, clergy, media or others not involved in the care and treatment of the patient) or it may be conferred by law based on the nature of the treatment sought by the patient (e.g., mental health treatment).

➤ **Individuals Involved in Your Care or Payment for Your Care.** Unless specifically precluded by state or federal law or unless you otherwise object, we may release medical information about you to a friend or family member who is involved in your medical care, and may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in Florida Hospital Fish Memorial. In addition, if you are admitted to Florida Hospital Fish Memorial as a result of a natural or man-made disaster, or if subsequent to your admission a natural or man-made disaster occurs, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

➤ **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will generally ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Florida Hospital Fish Memorial.

➤ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

➤ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section D: Special Situations

➤ **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

➤ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

➤ **Workers' Compensation.** Pursuant to Florida Law, we may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

➤ **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury or disability;
- ◆ To report births and deaths;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of recalls of products they may be using;
- ◆ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- ◆ To notify the appropriate government authority if we believe a patient has been the victim of abuse (e.g., child abuse, elder abuse, etc.), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

➤ **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

➤ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, and your medical condition is at issue in the lawsuit or dispute, we may disclose medical information about you if we are a party to the lawsuit or dispute and in those instances where we are not a party to the lawsuit or dispute, in response to a subpoena duces tecum or court or administrative order.

➤ **Law Enforcement.** We may release medical information to law enforcement officials:

- ◆ In response to a court order, subpoena, warrant, summons or similar process;
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person unless the medical information pertains to a non-published patient;
- ◆ About an individual who seeks or receives medical treatment for a gunshot wound or life-threatening injury which indicates an act of violence;
- ◆ About a death we believe may be the result of criminal conduct;
- ◆ About criminal conduct at Florida Hospital Fish Memorial; and
- ◆ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

➤ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Florida Hospital Fish Memorial to funeral directors as necessary to carry out their duties.

➤ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

➤ **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

➤ **Inmates.** Inmates of a correctional institution or under the custody of a law enforcement official are not required to receive notice of Florida Hospital Fish Memorial's practices regarding the use and disclosure of medical information. Florida Hospital Fish Memorial may release medical information about an inmate to the correctional institutional or law enforcement official. This release would be necessary (1) for the institution to provide health care to the inmate; (2) protect the inmate's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

➤ **Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The Person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

➤ **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Florida Hospital Fish Memorial. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or you do not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that:

- ◆ Was not created by us, unless the person or entity that created the formation is no longer available to make the amendment;
- ◆ Is not part of the medical information kept by or for Florida Hospital Fish Memorial;
- ◆ Is not part of the information which you would be permitted to inspect and copy; or
- ◆ Is accurate and complete.

➤ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures Florida Hospital Fish Memorial made of medical information about you. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

➤ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.FHFishMemorial.org.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request: Please contact Florida Hospital Fish Memorial Registration Dept., 386-917-5596.

Section F: Changes To This Notice.

➤ We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in Florida Hospital Fish Memorial. The notice will contain the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW., Atlanta, GA 30303-8909. 404-562-7886 To obtain details on how to file a complaint with Florida Hospital Fish Memorial, you may contact LCPO Committee at 386-917-5067. All complaints must be submitted in writing LCPO Committee, Health Information Services, 1055 Saxon Blvd., Orange City, FL 32763
You will not be penalized for filing a complain

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Section I: Organized Health Care Arrangement

Florida Hospital Fish Memorial, the independent contractor members of its Medical Staff (including your physician), and other health care providers affiliated with Florida Hospital Fish Memorial have agreed, as permitted by law, to share your health information among themselves for purposes of your treatment, payment or health care operations. This enables us to better address your health care needs.