



## NOTICE OF PRIVACY PRACTICES

*Together, we're better*

FF001933

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.

**If you have any questions about this notice, please contact the Health First Corporate Compliance Office at 321-434-5657.**

### **WHO IS REQUIRED TO ABIDE BY THIS NOTICE?**

This notice describes Health First's practices and that of:

- Any healthcare professional authorized to enter information into your medical record.
- All departments and units of Health First, including the hospital facilities that are part of Health First.
- Any member of a volunteer group we allow to help you while you're in the hospital or at one of our facilities.
- All employees, staff, and other healthcare personnel who make up the Health First work force.
- Health First provider entities in our health system and our subsidiaries.
- Provider entities that have entered into an Organized Health Care Arrangement with Health First.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We're committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by our organization, whether made by Health First 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 that is 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. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

### **WE'RE REQUIRED BY LAW TO:**

- Make sure medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we'll explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we're permitted to use and disclose information will fall within one of the categories.

- **For 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 or other healthcare personnel who are involved in taking care of you while you're visiting one of our facilities. 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 we can arrange for appropriate meals. Different departments 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 persons outside the facility setting who may be involved in your medical care after you leave our care, such as family physicians, home care providers, or durable medical equipment providers.
- **For payment:** We may use and disclose medical information about you so that the treatment and services you receive 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 information to your health plan about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about an outpatient treatment you're going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may need to share your demographic information with another provider who also rendered care to you so that they can bill for their services. For example, we may need to give your demographic and insurance information to the ambulance company who brought you to the emergency room.

- **For healthcare operations:** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run our facilities and make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services our organization 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 Health First personnel for review and learning purposes. We may also combine the medical information we have with medical information from other organizations or healthcare providers to compare how we're 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 healthcare 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 one of our facilities, physician offices, or clinics. For example, we may call your home and leave a message to remind you of your appointment.
- **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.
- **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.
- **Fund-raising activities:** We may use medical information about you to contact you in an effort to raise money for our organization and its operations. We may disclose medical information to a foundation related to Health First so the foundation may contact you when raising money. We would only release contact information, such as your name, address, and phone number and the dates you received treatment or services from one of our providers. If you don't want Health First to contact you for fund-raising efforts, you must notify the **Health First Foundation, 3462 N. Harbor City Blvd, Melbourne, FL, 32935**, in writing.
- **Hospital directory:** We may include certain limited information about you in the hospital directory while you're a patient at one of our hospital facilities. This information may include your name, location in the hospital, and religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by complete name. 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 you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you're doing. If you don't want your name released to clergy, you may ask the registrar to strike your name from the religious affiliation census at the time of registration. If you don't wish to have your name on the hospital directory, you must notify the registrar at time of registration or you may ask your healthcare provider at any time during your hospitalization.
- **Individuals involved in your care or payment for your care:** We may release medical information about you to a friend or family member who is involved in your medical care. We 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're in the hospital or at one of our outpatient facilities. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location. If you don't wish to have your name released to family or friends, you must notify the registrar at time of registration.
- **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 the 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. 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 Health First organization. We'll almost always 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.
- **As required by law:** We'll 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.

## SPECIAL SITUATIONS

- **Organ and tissue donation:** If you're 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're 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:** 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 child or elder abuse or neglect.
  - 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, neglect, or domestic violence. We'll 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 healthcare system, government programs, and compliance with civil rights laws.
- **Lawsuits and disputes:** If you're involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law enforcement:** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons, or similar process.
  - To identify or locate a suspect, fugitive, material witness, or missing person.
  - About the victim of a crime if, under certain limited circumstances, we're unable to obtain the person's agreement.
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct at the hospital.
  - 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 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 our facilities 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 of the United States, other authorized persons, foreign heads of state, or to conduct special investigations.
- **Inmates:** If you're an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

## OTHER USES OF MEDICAL INFORMATION

- Other uses and disclosures of medical information not covered by this notice or by 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'll no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we're unable to take back any disclosures we've already made with your permission, and that we're required to retain our records of the care that we provided to you.

## 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 medical information that may be used to make decisions about your care. This includes all of your medical information excluding psychotherapy notes.
  - To inspect and copy medical information that may be used to make decisions about you, make your request directly to either the Health Information Management Department (Medical Records) at the facility where you received treatment or the physician office where you received care. If you request a copy of your information for your own personal use, 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 in certain very limited circumstances. If you're denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the organization (not the person who denied your request) will review your request and the denial. We'll 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 as long as the information is kept by or for the hospital, and which is not for treatment, payment, or hospital operations. To request an amendment, you may make your request directly to either the Health Information Management Department (Medical Records) at the facility where you received treatment or the physician office where you received care. 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 does not include a reason to support the 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 information is no longer available to make the amendment.
- Is not part of the medical information kept by or for one of our covered entities.
- Is not part of the information which you would be permitted to inspect and copy.
- 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 we made of medical information about you, which would be outside of the treatment, payment, or healthcare operations definitions explained above. We're required to keep an accounting of those disclosures for a minimum of six years, but not prior to April 14, 2003. To request this list or accounting of disclosures, you must submit your request in writing to the **Health First Health Information Management Department, 1425 Malabar Rd NE, Palm Bay, FL 32907, Attn: Data Integrity Auditor.** Your request must state a specific time period and may not include dates before April 14, 2003. 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'll notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. We'll provide you this list within the time frames set out by federal law.

• **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 healthcare 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 surgical procedures that you received.

*We're not required to agree to your request.* If we do agree, we'll comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may make your request directly to the Health Information Management Department (Medical Records) at the facility where you're being seen. 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.

• **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.

To request confidential communications, you must make your request at the facility where you're being seen. We'll not ask you the reason for your request. We'll 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're still entitled to a paper copy of this notice. You may obtain a copy of this notice at the following web site: **[www.health-first.org](http://www.health-first.org)**.

To obtain a paper copy of this notice, you may request one at any Health First Patient Registration Office or you may contact **Health First's Corporate Compliance Office at 321-434-5657.**

## 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'll post a copy of the current notice in the hospital. The notice will contain the effective date. In addition, each time you register at or are admitted to the hospital for treatment or healthcare services as an inpatient or outpatient, we'll offer you a copy of the current notice in effect. We're required to ask you to sign an acknowledgement that you have received this notice.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Health First or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Health First, you may 1) submit a written request to the Health First Corporate Chief Compliance Officer, c/o Health First, Inc. 6450 US Highway 1, Rockledge, FL 32955; 2) submit an e-mail to [Corporate.Compliance@Health-First.org](mailto:Corporate.Compliance@Health-First.org); or 3) call the Compliance & HIPAA hotline at 1-888-400-4512.

**You won't be retaliated against for filing a complaint.**