BROWARD HEALTH

NOTICE OF PRIVACY PRACTICES FOR PROTECTION OF MEDICAL INFORMATION

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

Effective Date: April 14, 2003 (REVISED: March 18, 2009)

1. **Reasons for this notice.** Any information that concerns your health, health care or payment for that care is considered confidential and protected by Broward Health ("BH"). This information includes your name, address, and other identifying data, as well as information about your health and the health services that have been or may be provided to you. This Notice describes the privacy practices of BH and tells you how BH may use and release the information that BH will have about you if you receive services from BH. This Notice will also tell you what rights you have with respect to your medical information. BH requires all of its hospitals, clinics, physicians, divisions, employees, staff, volunteers and independent contractors to comply with these privacy practices.

(a) **Use of this Notice.** BH owns and/or operates four (4) hospitals and many walk-in medical clinics and physician medical group practices. For a complete list of facilities please visit the BH Website at www.browardhealth.org. This Notice describes BH's privacy practices for all of its facilities. Whenever the term "BH" is used in this Notice, unless specified otherwise, this term means any or all of the BH hospitals, clinics and physicians who, or at which, provide medical services to you.

(b) **Acknowledgment of Receipt of this Notice.** We are required by federal law to obtain a signed acknowledgment from you that you received this Notice. By signing the BH "General Consent" form as provided, you will be acknowledging the receipt of this Notice.

(c) **Additional Information.** If you have any questions regarding this Notice or would like to discuss any of BH's privacy practices discussed in this Notice, please contact the BH Privacy Office at (954) 847-4295 or write to the Privacy Officer: Dept. of Compliance & Ethics, 1608 SE 3rd Ave, Ft. Lauderdale, FL 33316.

2. **The Use and Disclosure of Medical Information for Treatment, Payment and Health Care Operations.** The law allows the BH to use and share your medical information for purposes related to your medical treatment ("Treatment"), the payment of your medical treatment ("Payment") and the health care operations of BH ("Operations"). This includes the sharing of information as necessary between the hospitals, clinics, physicians, employees, staff volunteers and independent contractors that may be working together to provide services to you on behalf of BH.

   Treatment means the provision, coordination or management of health care and related services by or involving the BH, such as the coordination of consultations and referrals. For example, as part of your treatment BH can take any of the following actions:

- Share medical information regarding your health condition with another health care provider as part of a consultation;
- Share medical information regarding your health condition with another health care provider who indirectly provides services to you, such as a radiologist or pathologist;

- Contact you to remind you to remind you of an appointment or to schedule an appointment; and/or
- Notify you regarding treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment means the BH activities related to getting paid for the services that BH provides to you. Payment includes determining your eligibility and coverage for services with your insurance company or the person who pays your medical bills, coordination of benefits with other insurers, billing claims management, collection, medical necessity review activities, utilization review activities, and disclosure to consumer reporting agencies. For example:

- BH may share medical information with your health plan that is required by the plan to determine whether the services that you request are covered by your health plan;

- BH may share a list of the services that you obtained from BH with your health plan so BH can be paid by the health plan for providing the services to you.

Operations covers a wide range of activities BH engages in to operate its business. These activities may be performed by BH or in some cases, by third-party contractors. For example, some of these activities include:

- Quality assessment and quality improvement activities;
- Peer review, including evaluating practitioner performance;
- Credentialing, licensing and training programs;
- Legal and financial services, including engaging attorneys to defend BH in a legal action;
- Business planning and development;
- Management activities related to BH's privacy practices;
- Customer services;
- Internal grievances;
- Creating de-identified information for data aggregation or other purposes;
- Fund raising; and/or
- Certain marketing activities.

3. **Authorizations for Other Uses and Disclosures of Your Medical Information.** Unless a use or disclosure is permitted for treatment, payment or operations purposes under Section 1, or is permitted or required under Section 4 or 5, BH must obtain a signed Authorization from you to use or disclose your medical information. BH may also require an Authorization when using or disclosing certain, highly protected information, such as substance abuse information. An Authorization is a written permission that specifically identifies the information that BH will use or disclose, and when and how BH will use or disclose it. You may revoke an Authorization at any time except when BH has already used or disclosed information based on your Authorization.

4. **Use and Disclosure of Medical Information Without Your Authorization If You Don't Object Verbally.** Under certain circumstances, BH may use or disclose your medical information without an Authorization or other written permission from you if the BH allows you to agree or object verbally. These circumstances are as follows:

(a) **For BH's Hospital Directory.** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for our hospital directory. This information may be provided to members of the clergy and except for religious affiliation, to other people who ask for you by name.

(b) **To a Relative, Friend or Individual Involved in Your Care.** Health professionals, using their best judgment, may provide to a family member, other relative, a close friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

(c) **For Disaster Relief Purposes.** BH may use or disclose your medical information to an entity that assists in disaster relief efforts.

5. **Use and Disclosure of Medical Information Without Your Consent, Authorization or Opportunity to Agree or Object Verbally.** Under certain circumstances, BH may use or share your medical information without an Authorization or other permission from you. These circumstances are as follows:

(a) **As Required by Law.** Numerous federal, state, and local laws require certain uses and disclosures of medical information. BH will use or disclose your medical information as required by these laws.

(b) **To Business Associates.** BH may share your medical information with its business associates who perform functions on behalf of BH, provided that BH first receives a signed agreement that the business associate will protect the confidentiality of your medical information.

(c) **Public Health Activities.** BH may provide medical information for public health activities under the following circumstances:

- To a public health authority to:
  - v Prevent or control disease, injury or disability
  - v To report a birth, death, disease or injury
  - v As part of a public health surveillance, investigation or interventions.
- To the Food and Drug Administration to report adverse events, such as product defects, adverse reactions to medications, to track products or assist in product recalls or repairs or replacements, or to conduct post-marketing surveillance
- To notify a person about exposure or risk of spreading a possible communicable diseases
- To your employer, if your employer provides health care to you, in order to conduct an evaluation relating to medical review of the workplace or to evaluate whether you have a work- related illness or injury

(d) **Abuse, Neglect, Domestic Violence.** BH may share your medical information with a governmental authority, social service or protective services agency to report possible abuse, neglect or domestic violence, if the disclosure is required by law, if BH believes the disclosure is necessary to prevent serious harm to you or other persons, or if you are unable to respond. If BH makes such a disclosure, you will be notified promptly unless notification to you would place you at a risk of serious harm or not otherwise be in your best interest.

(e) **For Health Oversight Activities.** BH may disclose your medical information to a health oversight agency for oversight of the health care system, and related government and private programs for:

- Audits
- Civil, administrative, or criminal investigations and proceedings
- Licensure actions
- Government investigations
- Inspections
- Disciplinary proceedings

(f) **For Judicial and Administrative Proceedings.** If you are involved in a lawsuit, BH may share your medical information as required by a court or administrative order, subpoena, discovery request or other legal process, if BH receives proof from the party requesting the information that you have been given informed of the request or that reasonable efforts have been made to obtain a qualified protective order.

(g) **To Law Enforcement.** BH may provide your medical information to police and other law enforcement officers, pursuant to a court order, warrant, subpoena, summons, administrative request, or similar legal process to assist in locating or identifying a suspect, fugitive, victim, witness, missing person, or stopping a possible crime or notifying of deaths that may have been caused by criminal conduct.

(h) **To Coroners, Medical Examiners and Funeral Directors.** BH may share information regarding a person who has died as authorized by law or in order to identify the deceased, determine a cause of death, or other duties authorized by law. BH will also share medical information with funeral directors to assist with such activities.

(i) **For Organ, Eye, and Tissue Donation.** BH may provide your medical information to organ and tissue procurement organizations and similar entities in order to facilitate organ, eye and tissue donation and transplantation.

(j) **For Research Purposes.** BH participates in medical research, such as tracking particular diseases and testing new medications and procedures. We may release your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

(k) **To Avert a Serious Threat to Health and Safety.** BH may use or release your medical information to avert a serious and imminent threat to the health and safety of an individual or the public.

(l) **For Specialized Government Functions** such as:

- **Armed Forces.** BH may share your medical information if you are a member of the Armed Forces, as required by military command authorities.
- **National Security and Intelligence.** BH may provide your medical information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities, and for protective services to the President and other heads of state or authorized persons.
- **Correctional Institutions.** If you are an inmate at a correctional facility or are in the custody of a law Enforcement agent, we may release your protected health information to that facility or agent. This information would be shared with those mentioned above if (1) the correctional institution needed to provide you with health care services, (2) to protect the health and safety of you or others or (3) for the safety and security of the correctional facility.
- **Other Government Agencies.** BH may share your medical information with other government entities that provide public benefits to populations similar to the population, which BH serves, if necessary to coordinate the functions of the programs.

(m) **For Workers' Compensation.** BH may share information as authorized by workers compensation and similar laws that provide benefits for work-related illness and injuries.

(n) **Other Permitted Disclosures.** BH may use or release your medical information as required or permitted by the privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA).

6. **Individual Rights.** You have the following rights with respect to your medical information:

(a) **Restrictions.** You may ask BH not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be released to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you may want with your physician or contact the Site Manager of the Ambulatory Site, Physician Office Manager or BH's Privacy Officer at (954)847-4295.

(b) **Confidential Communications.** You have the right to request in writing from BH a restriction on the way BH communicates information regarding your health, health care services, or payment. For instance, you may ask that BH communicate with you only at your home, not at your workplace. BH will use reasonable efforts to accommodate your request. Please contact the Medical Record Department Manager or designee, the Site Manager of the Ambulatory Site, Physician Office Manager or the BH's Privacy Officer at (954)847-4295 to obtain a form to use to request such a restriction; these forms are also available on the www.browardhealth.org website.

(c) **Inspection/Copying.** You have the right to inspect and copy your medical information maintained BH. BH will make every reasonable attempt to provide you with access to your medical information within thirty (30) days of your request if the records are stored on site. BH may charge a reasonable copying fee. In certain limited instances, BH may deny access, such as when the information contains psychotherapy notes. If BH denies your access, you have a right to appeal the denial. Any request to inspect and copy medical information should be made to The Medical Record Department Manager or designee, the Site Manager of the Ambulatory Site or the Physician Office Manager.

(d) **Amendment.** If you feel that the medical information we have about you is incorrect or inaccurate, you may ask us to amend that information. You have the right to request this amendment as long as we keep the medical information. To request an amendment, your request must be made in writing and submitted to the Medical Record Department Manager, or designee, the Site Manager of the Ambulatory Site or the Physician Office Manager.

(e) **Accounting.** You have the right to request that BH provide you with an accounting of certain disclosures made by BH of your medical information during the six (6) years prior to your request, but no earlier than April 14, 2003. BH will generally provide you with your accounting within sixty (60) days of your request. Your request will be filled at no cost to you once every twelve- (12) months. For additional accountings, BH will notify you in advance of the cost and give you an opportunity to continue or withdraw your request. These disclosures do not include those made for purposes of Treatment, Payment or Operations, for the facility directory, and for other limited purposes and/or as required by Law. Please contact the Privacy Officer in writing at Department of Compliance & Ethics, 1608 SE 3rd Ave, Fort Lauderdale, FL 33316.

(f) **Paper Notice.** If you have obtained this Notice electronically, you may obtain a paper copy by contacting BH's Privacy Officer at (954)847-4295.

(g) **Complaints.** If you believe that any of your rights with respect to your medical information have been violated by BH, you may file a complaint with BH and/or the Office of Civil Rights. Please contact BH's Privacy Officer at (954)847-4295 to obtain a complaint form or you may find one quickly and easily at www.browardhealth.org BH will not retaliate against you for filing a complaint.

7. **BH's Duties.**
BH is required by law to maintain the privacy of your medical information and to provide you with this Notice of

Privacy Practices. The Notice outlines BH's legal duties and privacy practices with respect to your medical information. BH must comply with the terms of the Notice currently in effect. BH reserves the right to change its privacy practices retroactively with respect to medical information previously created or received. BH will revise the Notice if it materially changes any use, disclosure, individual right or legal duty or other privacy practice stated in this Notice and will highlight in the Notice the changes from the prior Notice. Please visit BH website: www.browardhealth.org to obtain additional and relevant information, including an electronic copy of this Notice.