

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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 or if you need more information, please contact our Privacy Officer at 954.847.4295 or toll free by calling 1.855.209.5295.

ABOUT THIS NOTICE

Certain information contained in the record of your medical care generated by Broward Health is referred to as Protected Health Information. Protected Health Information includes your name, address, and other identifying data, as well as information about your health and the health services that you may receive or have already received. This notice describes the privacy practices of Broward Health. It applies to all Protected Health Information about you that is maintained by Broward Health, including any such information that is maintained on paper, electronically, or verbally spoken. This notice serves to tell you how Broward Health may use and disclose the information that has been collected and what rights you have with respect to your medical information.

WHO WILL FOLLOW THIS NOTICE

The information in this notice describes the privacy practices of Broward Health and those of:

- Any health care professional at Broward Health who is treating you and has access to the Protected Health Information in your record
- All departments within Broward Health and the programs it sponsors
- Any volunteer at Broward Health
- All Broward Health employees, staff, independent contractors, vendors, and workforce members at any Broward Health region/facility

The information in this notice also applies to the following health care providers owned and operated by Broward Health:

- Best Choice Plus
- Broward Health
- Broward Health Medical Center
- Broward Health Community Health Services
- Broward Health Coral Springs
- Broward Health Foundation
- Broward Health Imperial Point
- Broward Health North
- Broward Health Physician Group
- Broward Health Weston
- Children's Diagnostic and Treatment Center
- Chris Evert Children's Hospital
- Total Claims Administration

The above listed entities participate in an Organized Health Care Arrangement. This means that your medical information flows freely between these entities in order to carry out your treatment, payment for your treatment and for health care operations.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Broward Health is permitted to use and disclose your medical information in accordance with federal and state regulations. The Health Insurance Portability and Accountability Act (HIPAA) is a set of Federal Regulations which safeguard the privacy and security of your Protected Health Information and establishes certain rights with respect to

your Protected Health Information. At times, State or other regulations may afford more protection or provide additional patient rights that exceed the regulations outlined under HIPAA. In these and all other applicable cases, Broward Health will abide by the most stringent of the regulations as they pertain to Protected Health Information, including obtaining your prior written authorization, as required, before any such information is disclosed to a third party.

The following set of categories outlines the different ways in which Broward Health uses and discloses Protected Health Information. For each category of uses and disclosures a description and example is provided for better understanding. Not every use and disclosure is explicitly listed. However, all permitted uses and disclosures of Protected Health Information that are allowable under the law fall within one of these categories.

- **For Treatment.** Broward Health may use or disclose your Protected Health Information in an effort to provide the most comprehensive treatment and service and to better manage and coordinate your care. We may disclose medical information about you to physicians, nurses, technicians, and other healthcare providers and workforce members who are involved in taking care of you. For example, as part of your treatment Broward Health can take any of the following actions:
 - Share all necessary medical information between hospitals, clinics, physicians, employees, volunteers, and independent contractors
 - 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
- **For Payment.** Broward Health may use and disclose your Protected Health Information so that we can bill for treatment and services that were provided to you in order to collect payment from you, a health plan, or a third party. This use and disclosure of information may include actions that your health insurance provider may undertake before it approves or pays for healthcare services. For example:
 - We may share medical information with your health plan that is required by the plan to determine whether the services that you request are eligible to be covered by your health plan
 - We may share medical information with your health plan and reviewing services to determine medical necessity
 - We may share your medical information for utilization review activities

In many instances and as required by Florida law, we will obtain your written authorization to disclose medical information for payment purposes.

- **For Health Care Operations.** We may use and disclose Protected Health Information for activities that Broward Health engages in to operate its business. These activities are used and performed by Broward Health and in some cases third-party contractors, to run our programs and ensure that all of our patients receive the best care. For example, we may use your Protected Health Information to:
 - Perform 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 Broward Health in a legal action
 - Business planning and development
 - Management activities related to Broward Health's privacy practices
 - Customer services
 - Internal grievances
 - Creating de-identified information for data aggregation or other purposes

- Fundraising and/or marketing activities
- Education and learning purposes for physicians, nurses, technicians, medical students
- **Appointment Reminders.** We may use and disclose Protected Health Information in an effort to contact you as a reminder that you have an appointment for medical treatment and care.
- **Treatment Alternatives, Health Benefits, and Services.** We may use and disclose Protected Health Information to tell you about, and suggest different ways of treatment, tell you about health related benefits, and to offer services relating to your treatment that you may be interested in.
- **Minors.** We may disclose Protected Health Information of children, who are considered to be minors, to their parents or legal guardians unless such disclosure is prohibited by law.
- **Research.** Under certain circumstances, Broward Health may use and disclose your Protected Health Information for medical research purposes. All research projects are subject to specific approval from an authorized institutional review board or privacy board that has reviewed the research to set up protocols to ensure the privacy of your Protected Health Information. For example:
 - We may disclose and use your medical information to study the outcomes of patients who receive a specific medication or treatment

Even without special approval, we may allow authorized researchers to view your Protected Health Information to prepare for research and create research proposals: For Example:

- We may allow researchers to view Protected Health Information to allow them to identify patients to be included in their study as long as they do not remove, copy, or compromise any patients' Protected Health Information.
- **Health Information Exchange.** Broward Health participates in Florida's Health Information Exchange (HIE) which facilitates participating health care providers with a timely, secure, and authorized exchange of patient health information for treatment and operational purposes. The services offered by the Florida Health Information Exchange are based on national standards for secure exchange of health information. Patients who are registered at a medical center owned and operated by Broward Health will have the opportunity to opt-in to the Health Information Exchange. Patients who opt-in will be required to provide written authorization and may revoke their authorization at any time.
- **Patient Portal to the Electronic Health Record.** Broward Health makes certain portions of the medical record available electronically through the patient portal. Patients who wish to obtain a complete copy of their medical record may request a copy from the Medical Records Department at the region/facility where they received service. In order to access records through the patient portal, the patient (or patient's representative) must provide their written authorization. More information is available at www.mybrowardhealth.org.
- **Genetic Information.** In the course of your treatment at Broward Health, we may conduct genetic tests, or perform genetic services (such as DNA, RNA or chromosomal mutations or changes). We may use and disclose genetic information that may have been obtained to carry out treatment, payment or health care operations as permitted by Federal, State or Local Law. We are prohibited by law from using your genetic information for underwriting purposes, with the exception of issuing a long-term care policy, as applicable.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IF YOU DON'T OBJECT VERBALLY AND OPT-OUT OF DISCLOSURE

- **Broward Health Hospital Directory.** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for our hospital directory. All of this information,

except religious affiliation, will be disclosed to people who ask for you by name. This information is generally provided to family and friends so they can visit you and generally know how you are doing. If you are unable to object, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment and you will be given the opportunity to object as soon as practical to do so.

- **Individuals Involved in Your Care or Payment of Your Care.** We may, without your objection, disclose Protected Health Information about you to a member of your family, a relative, a close friend, and any other person you identify, as it directly relates to that person's involvement in your medical care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interests based on our professional judgment.
- **Disaster Release Purposes.** We may disclose your Protected Health Information in coordination with disaster relief organizations that seek to use the information to coordinate your care or notify family and friends of your location or condition in the event of a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.
- **Fundraising Activities.** We may disclose your Protected Health Information, as it applies and is necessary, to Broward Health entities and programs in order to contact you for fundraising activities.
 - **OPTING OUT OF FUNDRAISING ACTIVITIES.** You may opt out of fundraising activities at any time by calling us toll free at 1.855.209.5295 or by completing the opt-out information available online at www.browardhealth.org/
- **Photographs.** Broward Health may use photography or other means of image recording to capture pictures and imaging in an effort to offer better patient identification for work force members, security purposes, and billing procedures.
- **Electronic Mail (Email) Addresses and Email Messages.** You may request for us to communicate certain information with you via email messages. Broward Health uses a secure network to transmit email messages containing Protected Health Information.
- **Mobile Telephone Numbers.** By providing Broward Health with your mobile phone number, you agree to receive communications on your mobile device. Broward Health is not responsible for any wireless carrier fees that may apply.

SPECIAL SITUATIONS: HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO AGREE OR OBJECT VERBALLY

Under certain circumstances, Broward Health may use or disclose your Protected Health Information without your authorization or any other type of permission from you. These circumstances are as follows:

- **As Required By Law.** We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
- **To Avert Serious Threat to Health or Safety.** We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health and safety, the health and safety of another person, or the health and safety of the public. In doing so, however, Broward Health would only disclose such information to parties able to help prevent the threat.
- **Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or who provide a service to Broward Health. For example:
 - We may use a company for billing, transcription, or consultation that would require access to Protected Health Information to perform its service.

All of our business associates are obligated, under federal and state law as well as written agreement, to protect the privacy and security of your Protected Health Information.

- **Organ, Eye, and Tissue Donation.** If you are an organ donor, we may release your Protected Health Information to organizations that are needed in order for you to make your donation.
- **Workers' Compensation.** We may disclose Protected Health Information about you to Workers' Compensation or similar programs that provide benefits for work-related injuries and illness.
- **Public Health Activities and Risk.** We may disclose your Protected Health Information for public health activities. These activities generally include:
 - To prevent and control disease, injury or disability
 - To report births and deaths
 - To report child abuse and neglect
 - To report problems with medications and other medical products
 - To notify the correct parties of recalls of medications and products they may be using
 - To notify a person who may have been exposed to a disease and/or may be at risk of contracting and spreading the disease and condition
- **Abuse, Neglect, and Domestic Violence.** We may disclose Protected Health Information to the appropriate governmental authority if, based on our professional judgment, we believe a patient is the victim of abuse, neglect, or domestic violence. We will only make this disclosure when the patient agrees or when it is required by law.
- **Health Oversight Activities.** We may disclose Protected Health Information to health oversight organizations for activities permitted under the law. These activities include for example:
 - Audits, investigations, inspections, and licensure
- **Data Breach Notifications.** We may disclose Protected Health Information to provide legally required notices of unauthorized access or disclosure of your Protected Health Information.
- **For Lawsuits and Disputes.** Broward Health may disclose Protected Health Information in the event that a court or administrative order is received. We may also disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone involved in the dispute. Protected Health Information will only be released after efforts have been made to inform you of the request and an order protecting the information has been given. Broward Health may also disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
- **To Law Enforcement.** We may disclose Protected Health Information to law enforcement pursuant to a court order, subpoena, warrant, 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. We may also disclose Protected Health Information in notifying of deaths that may have been caused by criminal conduct.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or in law enforcement custody, we may disclose your Protected Health Information to authorized officials in correspondence with what is permitted under the law. If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We may also disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military force.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release Protected Health Information to coroners, medical examiners, and funeral directors so that they can carry out their duties.

- **Inmates.** If you are an inmate of a correctional institution or under custody of law enforcement, we may disclose your Protected Health Information to an authorized party if it is necessary for (1) the institution to provide you with healthcare; (2) to protect the health and safety of others, (3) or to protect the health and safety of law enforcement and the institution.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

- **Right to Request Restrictions.** You have the right to ask Broward Health to limit the Protected Health Information we use or disclose about you for treatment, payment, research, or other healthcare 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. Broward Health is not required to agree to a restriction that you may request. If your health care provider 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 Broward Health 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.
- **Out-of-Pocket Payments.** If you make a payment in full at the time of, or prior to, receiving an item or service from Broward Health, you have the right to request that your Protected Health Information with respect to that item or service not be disclosed to your Health Plan. We will honor your request as long as financial obligations are met.
- **Right to Request Confidential Communications.** You have the right to request that Broward Health contact and communicate with you only in certain ways to preserve your privacy and Protected Health Information. For example, you may request that we only contact you by mail at a specific address or via your home phone number and not workplace number. We will accommodate every reasonable request.
- **The Right To Inspect and Copy.** You have the right of access to inspect and copy your Protected Health Information that may be used to make decisions regarding your treatment and plan of care. Broward Health 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. We also reserve the right to charge a reasonable and cost-based fee for the costs of copying, mailing, and other supplies and resources associated with your request. We may deny your request in certain circumstances, for example when the information contains psychotherapy notes. If Broward Health does deny your access, you have a right to appeal the denial and have the denial reviewed by a licensed healthcare professional that is not directly related to the denial.
- **Right to Summary and Explanation.** We can provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you. There may be a reasonable and cost-based fee for preparing the requested summary. You must agree to this alternative form of receiving your medical record in writing.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in electronic format, you have the right to request a copy of that information to be given to you or transmitted to another individual or entity in electronic form. Broward Health will make every effort to provide you with the information in the form or format you request, if it is readily available in such form or format. If the information is not readily producible in the form or format you request, your record will be provided in either our standard electronic form or a readable hard copy. We reserve the right to charge you a reasonable, cost-based fee for the labor and resources associated with transmitting the electronic record.

- **Right to Request Amendments.** If you feel that the Protected Health Information we have about you is incorrect, inaccurate, or incomplete, you may ask us to amend that information. You have the right to request this amendment as long as the information is kept by us and for our records. A request for amendment must be made in writing. In certain cases, we may deny your request for amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Right to Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is the list of disclosures we made of the Protected Health Information about you. This list will not include the following:
 - Disclosures for treatment, payment, or other health care operations
 - Disclosures made to you, or pursuant to your written authorization
 - Disclosures for our facility directory
 - Disclosures to those involved in your care, such as family, and friends

The right to receive this information is subject to certain exceptions, restrictions, and limitations. Broward Health will provide you with an accounting of certain disclosures made by Broward Health of your medical information during the six (6) years prior to your request, but no earlier than April 14, 2003. Broward Health 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 each subsequent accounting of disclosures, Broward Health will notify you in advance of the cost and give you an opportunity to continue or withdraw your request.

- **Right to Security Concerning Your Genetic Information.** You have the right to be assured that your own personal Protected Health Information, as defined as Genetic Information in certain cases, not be used or disclosed to health plans for underwriting purposes. This excludes long term care plans.
- **Paper 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 agreed to receive this notice electronically. If you have obtained this notice electronically, you may obtain a paper copy by asking any Broward Health Employee or by contacting Broward Health’s Privacy Officer at (954)847-4295. You may also print a copy from our website at www.browardhealth.org/npp

HOW TO EXERCISE YOUR RIGHTS

To exercise any of your rights described in this notice, please send your request, in writing, to Broward Health’s Privacy Officer at the address listed below. We may ask that you fill out a form that we will provide to you or to contact the region/facility directly where you received services.

Broward Health, Corporate Compliance Department
 Attn: Privacy Officer
 1608 SE 3RD Avenue, ISC 5TH Flr, Suite 502
 Fort Lauderdale, FL 33316

BROWARD HEALTH’S DUTIES AND RESPONSIBILITIES

- **Legal Duties.** Broward Health is required by law to satisfy the following duties:
 - Maintain the privacy of Protected Health Information
 - Provide you with a notice of our legal duties and privacy practices with respect to Protected Health Information
 - In the event of a breach of your unsecured Protected Health Information, Broward Health will provide written or other notification in accordance with federal and state law.

- **Terms of this Notice.** We are required by law to abide by the terms in the notice currently in effect.
- **Changes to this Notice.** We reserve the right to change this notice. We reserve the right to make the changed notice effective for Protected Health Information we already have about you as well as information we may gather in the future. We will post a clear copy of our current notice in each of our regions/facilities as well as the home page of our internet site containing the effective date of the notice. A current notice will be made available at the time you receive services from Broward Health. Please visit our website: www.browardhealth.org to obtain additional information, including an electronic copy of this Notice.

FOREIGN LANGUAGE VERSION

If you have difficulty reading or understanding English, you may ask to receive a copy of this notice in Spanish, Creole, French or Portuguese. Additional languages or formats will be made available upon request.

PRIVACY COMPLAINTS

If you believe your privacy or any of your rights as described in this notice have been violated, you may file a complaint with Broward Health and/or the U.S. Department of Health and Human Services Office for Civil Rights. To file with Broward Health, please contact Broward Health's Privacy Officer at 954.847.4295 or toll free at 1.855.209.5295. You may also file your privacy complaint with Broward Health by submitting your written complaint to:

Broward Health, Corporate Compliance Department
Attn: Privacy Officer
1608 SE 3RD Ave, ISC 5th Flr, Suite 502
Fort Lauderdale, FL 33316

To file a complaint with the U.S. Department of Health and Human Services, you may call toll free 1.877.696.6775 or visit the website of the Office of Civil Rights at www.hhs.gov/ocr/privacy. You can also mail a written request to:

Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

You will not be retaliated against for filing a complaint.

Broward Health may not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any individual or other person for filing a complaint.

OTHER USES OF YOUR MEDICAL INFORMATION

Other uses of Protected Health Information not covered in this notice or under the laws that apply to us will be made only with your written authorization. If you provide us with your written authorization to use or disclose Protected Health Information, you may revoke that authorization at any time in writing. If you revoke your authorization, we will no longer disclose Protected Health Information subject to the authorization, however, the revocation will not apply to disclosure previously made with your permission.