

Notice of Privacy Practices - Version 3

Effective Date – April 14, 2003

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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.

I. Who Presents this Notice

This Notice describes the privacy practices of Westchester General Hospital (the “Hospital”), including members of its workforce, as well as the physician members of the medical staff, and allied health professionals who practice at the Hospital. The Hospital and the individual health care providers together are sometimes called "the Hospital and Health Professionals" in this Notice. While the Hospital and Health Professionals engage in many joint activities and provide services in a clinically integrated care setting, the Hospital and Health Professionals each are separate legal entities. This Notice applies to services furnished to you at Westchester General Hospital as a Hospital inpatient or outpatient or any other services provided to you in a Hospital-affiliated program involving the use or disclosure of your health information.

II. Privacy Obligations

The Hospital and Health Professionals are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of legal duties and privacy practices with respect to your Protected Health Information. When the Hospital and Health Professionals use or disclose your Protected Health Information, the Hospital and Health Professionals are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). Special privacy obligations, described in Section IV.E, apply to you if you are admitted to the Hospital’s psychiatric unit.

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which are described in Section IV below, your written authorization must be obtained in order to use and/or disclose your PHI. However, the Hospital and Health Professionals do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Health Care Operations. Your PHI, but not your “Highly Confidential Information” (defined in Section IV.D below), may be used and disclosed to treat you, obtain payment for services provided to you and conduct “health care operations” as detailed below:

- Treatment. Your PHI may be used and disclosed to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your PHI may be disclosed to other providers involved in your treatment.
- Payment. Your PHI may be used and disclosed to obtain payment for services provided to you from Medicare, the Florida Medicaid program or another governmental program that arranges or pays the cost of some or all of your health care or to verify that such program will pay for healthcare. Your authorization will be obtained to disclose PHI to your private health insurer, HMO or other private payor.
- Health Care Operations. Your PHI may be used and disclosed for health care operations, which include risk management, internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses, psychologists, social workers and other health care workers. PHI may be disclosed to the Hospital Privacy Office in order to resolve any complaints you may have and ensure that you have a comfortable visit.

Your PHI also may be disclosed to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance. In addition, PHI may be shared with business associates who perform treatment, payment and health care operations services on behalf of the Hospital and Health Professionals.

- B. Use or Disclosure for Directory of Individuals in the Hospital. The Hospital may include your name, location in the Hospital, general health condition and religious affiliation in a patient directory without obtaining your authorization *unless* you object to inclusion in the directory or are located in a specific ward, wing or unit the identification of which would reveal that you are receiving treatment for (1) mental health and developmental disabilities; (2) HIV/AIDS; (3) child abuse and neglect; (4) domestic and elder abuse or (5) sexual assault. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that your religious affiliation will only be disclosed to members of the clergy.
- C. Disclosure to Relatives, Close Friends and Other Caregivers. Upon request, and unless you object, the Hospital may share limited PHI with your family, other relatives, or any other person identified by you (Designee) who is involved with your medical care. If you are not available to agree or object to Hospital's disclosure of your PHI, the Hospital will determine whether sharing PHI is in your best interest. If the Hospital decides to disclose your PHI to your Designee, the Hospital will only disclose the PHI that is relevant.
- D. Public Health Activities. Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to the Florida Department of Children and Family Services or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- E. Victims of Abuse, Neglect or Domestic Violence. Your PHI may be disclosed to the Florida Department of Children and Family Services, the Florida Department of Human Services or a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect, exploitation or domestic violence.
- F. Health Oversight Activities. Your PHI may be disclosed to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- G. Judicial and Administrative Proceedings. Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. Further, unless specifically authorized by a court order, your PHI may not be used or disclosed to identify you as a recipient of substance abuse program services if the purpose is to initiate or substantiate any criminal charges against you or to conduct any investigation of you. If a legal order is not received, your PHI may be disclosed in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if: (i) satisfactory assurances that reasonable efforts have been made to ensure that you have been given notice of the request from the party seeking the PHI is received; or (ii) satisfactory assurances that reasonable efforts have been made to secure a qualified protective order from the party seeking the PHI is received.
- H. Law Enforcement Officials. Your PHI may be disclosed to the police or other law enforcement officials including any Florida administrative or regulatory agency, department or other governmental authority with jurisdiction over health care providers or hospital facilities as required or permitted by Federal or Florida law or in compliance with a court order or a grand jury or administrative subpoena.
- I. Decedents. Your PHI may be disclosed to a coroner or medical examiner as authorized by law.
- J. Organ and Tissue Procurement. Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
- K. Research. Your PHI may be used or disclosed without your consent or authorization as permitted by Florida law if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure and other requirements of Florida law are satisfied.
- L. Health or Safety. Your PHI may be disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety as permitted or required by Florida law.

- M. Specialized Government Functions. Your PHI may be used and disclosed to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances as permitted or required by law.
- N. Workers' Compensation. Your PHI may be disclosed as authorized by and to the extent necessary to comply with Florida law relating to workers' compensation or other similar programs.
- O. As Required by Law. Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

- A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, your PHI may be used or disclosed when you provide your written authorization on an authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.
- B. Payment. Your Authorization must be obtained to disclose PHI to your HMO, health insurer or other private payor to obtain payment for services that you are provided.
- C. Marketing. Your Authorization must be obtained prior to using your PHI to send you any marketing materials or utilizing your PHI for solicitation or marketing the sale of goods or services.
- D. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment, and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about genetic testing; (6) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, Your Authorization must be obtained. If a DNA analysis is performed and results or findings of DNA analysis are received, you must be provided with notice that the analysis was performed or that the information was received. The notice must state that, upon your request, the information will be made available to your physician.
- E. Use and Disclosure of Information Upon Admission to a Psychiatric Unit. Information regarding your care in the Hospital's psychiatric unit is subject to special protections under Florida and federal law. The terms of this Notice shall apply to your PHI unless otherwise described in this Section IV. E.

Psychiatric Treatment. If you are a patient of the Hospital Psychiatric Unit, then a mental health record will be maintained for you (your "Clinical Record"). Your Clinical Record will be disclosed to Hospital personnel involved in your treatment or supervising those involved in your treatment for the purpose of treating you or consulting about your treatment. The Hospital and/or Health Professionals will not respond to inquiries about your treatment and will not disclose information revealing that you are a patient of the psychiatric unit to unauthorized individuals who call the Hospital to seek information. Your Clinical Record will not be disclosed to a family member, relative or any other person seeking information about your care unless your written Authorization is obtained; however, in certain circumstances, a summary of your treatment may be released to your parent or next of kin. Portions of your Clinical Record will be disclosed to third parties upon your Authorization. If you are a minor or have a personal representative (such as a guardian), the Hospital and/or Health Professionals may disclose relevant portions of your Clinical Record to appropriate persons upon such guardian's authorization. The Hospital and/or Health Professionals may disclose your Clinical Record to your counsel if portions of your Clinical Record are needed for adequate representation. The Hospital and/or Health Professionals will disclose your records to the Florida Department of Corrections upon request from the department. If you refuse to grant permission or are unable to grant permission, information may be shared with your personal representative only to the extent permitted or required by Florida law. The Hospital and Health Professionals will comply with Florida law in reporting portions of your Clinical Record for public health activities or health oversight activities, such as to the Agency for Health Care Administration, or the Department of Children and Family Services. Portions of your Clinical Record may be released to warn a potential victim, if you have declared an intention to harm other persons. Portions of your Clinical Record also may be disclosed to a qualified researcher, an aftercare treatment provider, or an employee or agent of the Department of Children

and Family Services if the administrator of the Hospital determines that such disclosure is necessary for your treatment, maintenance of adequate records, compilation of treatment data, aftercare planning, or evaluation of programs. In a judicial or administrative proceeding, portions of your Clinical Record will be disclosed upon the issuance of a court order. If you are a Medicaid recipient, information from your Clinical Record may be furnished to the Medicaid Fraud Control Unit. Information from your Clinical Record may be used for statistical and research purposes if the information is abstracted in such a way as to protect your identity. Information from your Clinical Record will not be used for marketing. Pursuant to Florida law, you will be provided with reasonable access to your Clinical Record, unless the Hospital and/or Health Professionals determine that such access will be harmful to you.

V. Your Rights Regarding Your Protected Health Information

- A. For Further Information; Complaints. If you desire further information about your privacy rights, or are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact the Hospital Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Hospital Privacy Office will provide you with the correct address for the Director. The Hospital and Health Professionals will not retaliate against you if you file a complaint with the Hospital Privacy Office or the Director. To report a privacy breach, please call the Compliance Hotline 1-888-680-1135.
- B. Right to Request Additional Restrictions. You have the right to ask the Hospital to restrict/limit how it uses and/or it shares your PHI. The Hospital does not have to agree with your request, unless it is specific to a service for which you (or someone on your behalf) paid entirely out of pocket, and restricts information provided to a health plan for purposes of payment or healthcare operations. All requests for restrictions on the use and disclosure of PHI should be done in writing and sent to 2500 SW 75th Avenue, Miami, FL 33155. Your request should include: (1) your request to restrict Hospital's use disclosure or both; (2) what information is involved; and (3) who the restriction applies to (e.g., your spouse, your health plan).

If the Hospital agrees to the restriction, it will not prevent the Hospital from using or disclosing your PHI: (1) to you if you request access to your PHI or you request an accounting of disclosures; (2) for purposes required or permitted by law (e.g., to comply with laws relating to worker's compensation); or (3) in the case of an emergency, if required for treatment purposes.

- C. Right to Receive Confidential Communications. You may request, and The Hospital and Health Professionals will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.
- D. Right to Revoke Your Authorization. You may revoke Your Authorization, except to the extent that The Hospital and/or Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Hospital Privacy Office identified below.
- E. Right to Inspect and Copy Your Health Information. You have the right to inspect and obtain a copy of PHI that may be used to make decisions about your care. Under limited circumstances, you may be denied access to a portion of your records. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to termination of pregnancies, contraception and/or family planning services, or the testing of sexually transmitted diseases.) If you desire access to your records, please obtain a record request form from the HIM or Privacy Office and submit the completed form. If you request a copy of records, the Hospital may charge a fee for the cost of copying, electronic media, mailing or other supplies associated with our request. You have the right to obtain a copy of your records in an electronic form, and in the form you request, to the extent that it is readily producible.
- F. Right to Amend Your Records. You have the right to request PHI maintained in your medical record file or billing records be amended. If you desire to amend your records, please obtain an amendment request form from the Hospital Privacy Office and submit the completed form to the Hospital Privacy Office. Your request will be accommodated unless The Hospital and Health Professionals believe that the information that would be amended is accurate and complete or other special circumstances apply.
- G. Right to Receive An Accounting of Disclosures. You have the right to request an Accounting of Disclosures which is a list of the disclosures made of your PHI, other than Hospital's uses for treatment, payment and health care operations (as

describes above), and other exceptions specified by law. To request an Accounting of Disclosures, you must submit your request in writing to 2500 SW 75th Avenue, Miami, FL 33155. 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 or electronically). The first list you require within a 12 month period will be free. For additional lists, we may charge you for the cost 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.

- H. Breach Notification. You have the right to receive notification whenever a breach of your unsecured PHI occurs.
- I. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice at any time, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

- A. Effective Date. This Notice is effective on April 14, 2003.
- B. Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms will be made effective for all PHI that the Hospital and Health Professionals maintain, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas around the Hospital. You also may obtain any new notice by contacting the Hospital Privacy Office.

VII. Hospital Privacy Office

You may contact the Hospital Privacy Office at:

Hospital Privacy/Administration Office

Westchester General Hospital

2500 S.W. 75th Avenue

Miami, Florida 33155

Telephone Number: (305) 264-5252, ext. 1700