

# Florida Hospital Physician Group, Inc.

## HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

**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.**

The Florida Hospital Physician Group, Inc. is affiliated with Adventist Health System (AHS). Except for tailoring this Notice for each AHS facility and specific state laws, all AHS facilities generally follow this same Notice. This Notice applies to all of the health records that identify you and the care you receive at AHS facilities.

<http://www.adventisthealthsystem.com/AboutUs/WebsitePrivacyPolicy/AffiliatedEntities.aspx>

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

If you have any questions about this notice, please contact the Florida Hospital Physician Group, Inc. Compliance & Privacy Officer at 813-615-7969.

### ***Section A: Who Will Follow This Notice?***

This notice describes Florida Hospital Physician Group, Inc. practices and that of:

- Any health care professional authorized to enter information into your medical chart;
- All physician practices of Florida Hospital Tampa, Florida Hospital Carrollwood, Florida Hospital Wesley Chapel, and;
- All employees, staff and other personnel of Florida Hospital Tampa, Florida Hospital Carrollwood, Florida Hospital Pepin Heart Institute, Florida Hospital Wesley Chapel, and Florida Hospital at Connerton LTAC and affiliated entities.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care 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 Florida Hospital Physician Group, Inc. physician practices. 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 the Florida Hospital Physician Group, Inc., whether made by the Florida Hospital Physician Group, Inc. personnel or your personal doctor.

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.

<b><i>Section C: How We May Use and Disclose Medical Information About You.</i></b>
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We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment, and health care operation aspects of your care. For example, we may share your information orally, via fax, on paper, or through electronic exchange.

We also ask you for consent to share your medical information before receiving services from us. This consent is required by state law (see link below) for some disclosures and allows us to be certain that we can share your medical information for the all reasons described below.

[http://www.adventisthealthsystem.com/Portals/1/docs/NPPP/NPP\\_AttachmentA\\_StateLaw.pdf](http://www.adventisthealthsystem.com/Portals/1/docs/NPPP/NPP_AttachmentA_StateLaw.pdf)

If you do not want to consent to these disclosures, please contact the Privacy Officer to determine if we can accept your request.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some 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.

- **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 Florida Hospital Physician Group, Inc. personnel who are involved in taking care of you. 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. Different departments of the Florida Hospital Physician Group, Inc. physician practices 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 people outside the Florida Hospital Physician Group who may be involved in your medical care, such as family members, friends or others we use to provide services that are part of your care.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at a Florida Hospital Physician Group, Inc. physician practice 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 services you received at a Florida Hospital Physician Group, Inc. physician practice so your health plan will pay us or reimburse you for the services. 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 the Florida Hospital Physician Group, Inc.'s operations. These uses and disclosures are necessary to run the Florida Hospital Physician Group, Inc. physician practices and make sure that all of 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 use and disclose your information as needed to conduct or arrange for legal services, auditing, or other functions. We may give out your medical information to our business associates that help us with our administrative and other functions. These business associates may include consultants, lawyers, accountants, and other third parties that provide services to us. The business associates may re-disclose your medical information as necessary for our health care operations functions, or for their own permitted administrative functions, such as carrying out their legal responsibilities. We may also combine medical information about many patients to decide what additional services we 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 Florida Hospital Physician Group, Inc. personnel 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. Once we have removed information that identifies you, we may use the data for other purposes. We may also disclose your information for certain health care operation purposes to other entities that are required to comply with HIPAA if the entity has had a relationship with you. For example, another health care provider that treated you or a health plan that provided insurance coverage to you may want your medical information to review the quality of the services you received from them.
- **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 a Florida Hospital Physician Group, Inc. physician practice.
- **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.
- **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 are in a Florida Hospital Physician Group, Inc. physician practice. In addition, 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 involving people, 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, unless most or all of the patient identifiers are removed, 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 Florida Hospital Physician Group, Inc. physician practice. If required by law, we will 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 the Florida Hospital Physician Group, Inc. physician practice.

- **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.** 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. We may also disclose information to entities that determine eligibility for certain veterans' benefits.
- **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 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 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.** 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 are unable to obtain the person's agreement;
  - ◆ About a death we believe may be the result of criminal conduct;
  - ◆ About criminal conduct on our premises; 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 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 deceased patients 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.** If you are 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.

### ***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. When your medical information is contained in an electronic health record, as that term is defined in federal laws

and rules, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the person we are to send your PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, 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 physician practice 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 the physician practice. 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 the physician practice;
- ◆ 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 certain disclosures we made of medical information about you. The accounting will exclude certain disclosures as provided in applicable laws and rules such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. Your request must state a time period which may not be longer than six years. 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,*** except in limited circumstances where you have paid for medical services out-of-pocket in full at the time of service and have requested

that we not disclose your medical information to a health plan. To the extent we are able, we will restrict disclosure to your health plan. We will not be able to restrict disclosures of your medical information to a health plan if the information does not relate solely to the health care item or service for which you have paid in full. For example, if you are having a hysterectomy that will be paid for by your health plan, and you request to pay cash for a tummy tuck that you want performed during the same surgery, to avoid disclosure to your health plan, you would either have to pay cash for the entire procedure or schedule the procedures on separate days. Please also know that you have to request and pay for a restriction for all follow-up care and referrals related to that initial health care service that was restricted in order to ensure that none of your medical information is disclosed to your health plan. You, your family member, or other person may pay by cash or credit, or you may use money in your flexible spending account or health savings account. Please understand that your medical information will have to be disclosed to your flexible spending account or health savings account to obtain such payment.

If we do agree, we will comply with your request unless the disclosure is otherwise required or permitted by law. For example, we may disclose your restricted information if needed to provide you with 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 Notice of Breach.** You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.
- **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 by contacting our physician practice.
- **Right to Decline Participation in Health Information Exchange.** AHS has electronically connected the medical information each AHS facility has in your medical record through a series of interfaces, named iNetwork. iNetwork contains a summary of your most relevant medical information that includes at a minimum, available information regarding your demographics, insurance, problem list, medication list, radiology reports, and lab reports. Making your medical information available through iNetwork promotes efficiency and quality of care. You may choose not to allow your medical information to be shared through iNetwork. It is not a condition of receiving care. If you do not want your medical information shared through iNetwork, please contact the Privacy Officer at the phone number below. Once we process your request, your health care providers will no longer be able to view your medical information in iNetwork. This means that it may take longer for your health care providers to get medical information they may need to treat you.

AHS and its affiliated facilities may also choose to share medical information electronically with other health care providers located near or in the same state as an AHS affiliated facility

through regional or state health information exchanges. You may choose not to allow your medical information to be shared through regional or state health information exchanges by either refusing to sign the regional or state authorization form. This means that it may take longer for your health care providers to get information they may need to treat you. However, even if you do not want to participate in a state health information exchange, certain state law reporting requirements, such as the immunization registry, will still be fulfilled through health information exchange, and some states still allow health care providers to access your medical information through a regional or state health information exchange if needed to treat you in an emergency.

To exercise the above rights, please contact your physician's office to obtain a copy of the form you will need to complete to make your request.

If you have questions about your Privacy rights and the Health Information Exchange you may contact the Compliance & Privacy Officer, Florida Hospital Tampa, 3100 E. Fletcher Ave., Tampa, FL 33613.  
Phone: (813) 615-7969

#### ***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 each Florida Hospital Physician Group, Inc. physician practice, as well as on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are seen at a Florida Hospital Physician Group, Inc. physician practice for treatment or health care services, we will make available 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 Florida Hospital Physician Group, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with the Florida Hospital Physician Group, Inc., contact the Compliance & Privacy Officer in writing at, Florida Hospital Physician Group, Inc., 3100 E. Fletcher Ave., Tampa, FL 33613, or call 813-615-7969. All complaints must be submitted in writing.

**You will not be retaliated against for filing a complaint.**

#### ***Section H: Other Uses of Medical Information That Require Your Authorization***

The following types of uses and disclosures of medical information will be made only with your written permission.

- **Psychotherapy Notes.** Psychotherapy notes are notes that your psychiatrist or psychologist maintains separate and apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, the disclosure is to defend the psychiatrist or psychologist in a lawsuit brought by you, or the disclosure is used to treat you or to train students.



- **Marketing.** We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a gift that does not cost much to tell you about the new health care product or service. We must also tell you if we are getting paid by someone else to tell you about a new health care item or service.
  
- **Selling Medical Information.** We are not allowed to sell your medical information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information, or we can use or disclose your medical information without your permission if we are required or permitted by law, such as for public health purposes.

If you provide us with authorization 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.