



## NOTICE OF PRIVACY PRACTICES

### Flagler Professional Health Care Services

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.

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

The following categories describe the ways that we use and disclose health-related information. For each category of use or disclosure, 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.

##### *For Treatment*

We may use and disclose your information to provide you with medical treatment and to coordinate or manage your health care and related services. For example, we may use and disclose information about you to physicians, nurses, technicians, medical students, family members, clergy, or others who are involved in your care. We may use and disclose medical information about you when you need prescription, lab work X-rays or other healthcare services, or when referring you to another healthcare provider.

##### *For Payment*

We may use and disclose information about you so the treatment and services you receive can be billed to and payment may be collected from you, an insurance company or a third party. 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.

##### *For Healthcare Operations*

We may use and disclose information about you for normal health care operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. (For example, in the course of quality assurance and utilization review activities, 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 disclose medical information to business associates who provide contracted services such as accounting, legal representation, claims processing, quality assurance, accreditation, and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential. We may also combine medical information about 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 physicians, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities 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 healthcare and healthcare delivery without learning who the specific patients are.

##### *Appointment Reminders*

We may use and disclose information to contact you as a reminder that you have an appointment for treatment.

##### *Follow-Up Phone Calls*

As part of your treatment plan, there may be times that you will be contacted by staff members via telephone after your visit.

##### *Treatment Alternatives and Health-Related Benefits and Services*

We may use and disclose information to recommend or tell you about treatment alternatives and health-related benefits or services that may be of interest to you.

##### *Individuals Involved in Your Care or Payment for Your Care*

Unless you object, we may release information about you to a friend or family member that is involved in or that helps pay for your medical care.

##### *Research*

Under certain circumstances, we may use and disclose information about you for research purposes. For example, we may disclose information about you to a researcher pursuant to an institutional review board or privacy board approved protocol or retrospective review request that has been determined to pose minimal risk to your privacy.

##### *Service Excellence*

We may follow-up your visit with us by sending to the address listed in your records a brief written survey about your satisfaction with the level of service provided to you. In some cases, the survey may be conducted by telephone or e-mail using the contact information listed in your medical record. In some instances, your name may be passed on to members of the service excellence team to investigate a complaint or corroborate an incident.

#### *Fundraising*

We may contact you for fundraising efforts, but you can tell us not to contact you again.

#### *As Required By Law*

We will share information about you if state or federal laws require it.

#### *Organ and Tissue Donation*

If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

#### *Military and Veterans*

If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

#### *Workers' Compensation*

We may release information about you for workers' compensation or similar programs.

#### *Public Health*

We will disclose information about you for public health activities as required by law. These activities generally include the following: (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report child abuse or neglect; (d) to report reactions to medications or problems with products; (e) to notify people of recalls of products they may be using; (f) 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; and (g) to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.

#### *Health Oversight Activities*

We will disclose information to health oversight agencies for activities authorized by law. These oversight activities include: audits, investigations, inspections, and licensure that are necessary for the government to monitor the healthcare system, government programs, and compliance with applicable laws.

#### *Lawsuits and Disputes*

If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we are assured that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### *Law Enforcement*

We may release information if asked to do so by a law enforcement official: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the patient agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct at one of our facilities; and (f) 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 will release information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We will also release information to funeral directors as necessary to carry out their duties.

#### *National Security and Intelligence Activities*

We may release information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

#### *Protective Services for the President of the United States and Others*

We may disclose information about you to authorized Federal officials so they may conduct special investigations and provide protection to the President or other officials and dignitaries.

#### *Inmates*

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official to provide you with healthcare, to protect your and other's health and safety, or for the safety and security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding the medical information we maintain about you:

#### *Right to Inspect and Copy*

You have the right to inspect and obtain a copy of the medical information used to make decision on your care. To obtain an electronic or paper copy of your medical information go to the location of your service provider. We will provide a copy within 30 days of your request.

#### *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. To request an amendment go to the location of your service provider. We may deny your request but we will tell you why in writing within 60 days.

#### *Right to an Accounting of Disclosures*

You have the right to request an accounting (list) of certain types of disclosures we have made of medical information about you. We are not required to account for certain disclosures such as: (a) disclosures you authorize; (b) disclosures to carry out treatment, payment and healthcare operations; and (c) disclosures to persons involved in your care. To request an accounting of disclosures, go to the location of your service provider.

#### *Right to Request Restrictions*

You have the right to request a restriction or limitation on our use or disclosure of information about you for treatment, payment or healthcare operations. You also have the right to request a limit on the 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. If you (or another person on your behalf) pays in full at the time of your visit for a specific health care item or service, you have the right to request that information with respect to that item or service not be disclosed to your health plan for purposes of payment or health care operations, and we will honor that request unless the disclosure is otherwise required by law. To request a restriction, go to the location of your service provider.

#### *Right to Request Confidential Communications*

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. If you want to request confidential communication, go to the location of your service provider.

#### *Right to a Paper Copy of This Notice*

You have the right to a paper copy of this notice any time. You may obtain a copy of this notice by contacting us at the address or telephone number shown below under the section titled FOR MORE INFORMATION OR TO REPORT A PROBLEM.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. 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 various locations indicating the effective date. Revised copies of this notice will be provided upon request.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the Privacy Officer for Flagler Hospital, Inc. d/b/a Flagler Health+ at 904-819-4410. If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the facility, contact Flagler Hospital, Attn: Patient Experience Department, 400 Health Park Blvd, St. Augustine, Florida 32086. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You will not be penalized for filing a complaint.

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. These include most uses and disclosures of psychotherapy notes, most uses and disclosures for marketing purposes and disclosures for which we receive remuneration in exchange for your information. If you provide us permission to use or disclose 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 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.

Notification of a Breach – We are required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.

Effective Date: July 1, 2019

Flagler Professional Health Care Services, Inc. is a wholly-owned subsidiary of Flagler Hospital, Inc. and does business in the State of Florida as Flagler Care Center; FCHV; Flagler Health+ Imaging; Flagler Health+ Pediatrics; Flagler Health+ Primary Care; Flagler Health+ Surgical Specialists; Flagler Health+ Urgent Care; and Flagler Health+ Urology Specialists.