

## **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, please contact the Health First Privacy Office at 321.434.7543.

Health First participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows the following Health First entities to share Protected Health Information (PHI) about their patients or plan members to provide healthcare services and to perform payment and healthcare operations. Holmes Regional Medical Center, Inc. (including Palm Bay Hospital and Holmes Regional Medical Center), Holmes Regional Enterprises, Inc., Viera Hospital, Inc., Cape Canaveral Hospital, Inc., Health First Medical Group, LLC, Health First Physicians, Inc., Hospice of Health First, Inc., Memory Disorder Clinic, Inc., Health First Health Plans, Inc., Health First Insurance, Inc., Health First Physician Specialties, Inc., Health First Administrative Plans, Inc., Health First Commercial Plans, Inc.

### **OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

Health First is committed to protecting the privacy of medical information about you also known as Protected Health Information (PHI). We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to protect the privacy of your information, notify affected individuals following a compromise of unsecured protected health information, provide this notice about our privacy practices, and follow the privacy practices that are described in this notice.

### **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR AUTHORIZATION**

We may use and disclose PHI without your authorization for the following reasons. Not every use or disclosure will be listed in the categories below. However, all the ways we're permitted to use and disclose information will fall within one of the categories.

#### **■ To provide treatment:**

- Your doctor uses your PHI to find out if certain tests or medication should be ordered.
- Nurses, technicians, medical students or others involved in your care need to know and/or discuss your health information to care for you and understand how to evaluate your response to treatment.
- We may disclose your PHI to another doctor or facility involved in your care such as surgeons, home care providers or durable medical equipment providers.

#### **■ For payment purposes:**

- We may use your PHI to prepare claims, invoices or statements for payment of services you have received.
- If you have health insurance and we bill them directly, we will include information that identifies you, your diagnosis, procedures performed and supplies used so that we can be paid for the treatment provided.

- We may also tell your insurance about a procedure or service you are going to receive to obtain prior approval or to determine if your plan will cover the service.
- We may share your information with another provider who provided care or transportation, such as an ambulance service, so they can bill for the services provided.
- **For healthcare operations:**
  - We may use and disclose your PHI to support daily activities related to healthcare, for example, to monitor and improve our health services or for authorized staff to perform administrative activities.
  - We may combine your PHI with the PHI of other organizations or healthcare providers to compare how we are doing, and see where we can make improvements in the care and services we offer.
  - We may also disclose your PHI to doctors, nurses, technicians, medical students and other Health First personnel for review and learning purposes.
- **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 one of our facilities, physician offices, or clinics.
- **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 your medical information to tell you about health-related benefits, services, or health education resources such as screenings, seminars, classes or other programs that may be of interest to you.
- **Fundraising activities:** We may use medical information about you to contact you in an effort to raise money for our organization and its operations. We may disclose medical information to a foundation related to Health First so the foundation may contact you when raising money. We would only release basic demographic information (e.g., name, address, telephone number, e-mail address, age, and gender), as well as your insurance status, outcome of your services, your treating physician, the department you received services from, and the dates you received treatment or services from one of our providers. If you don't want Health First to contact you for fundraising efforts, you must notify the **Health First Foundation** either in writing at **ATTN: Foundation Gift and Data Specialist, 1350 S. Hickory Street, Melbourne, FL, 32901**, or by phone at **321.434.7353**.
- **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 medication for the same condition. All research projects, 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, the project will have to be 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 Health First organization. We'll almost always 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.

■ **Other uses and disclosures:**

- About FDA-regulated drugs and devices to the Food and Drug Administration
- To government oversight agencies with data for health oversight agencies such as auditing or licensure.
- To public health authorities with information for communicable diseases and vital records.
- To workers' compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm
- To organ procurement organizations to coordinate organ donation activities
- To law enforcement when required or allowed by law
- For court order or lawful subpoena.
- To coroners, medical examiners and funeral directors.
- To government officials when required for specifically identified functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information
- 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

**USE AND DISCLOSURES WHEN YOU HAVE AN OPPORTUNITY TO OBJECT**

- **Hospital directory:** This information is limited to your name, location in the facility and general health condition (such as "critical," "poor," "fair," "good," "excellent," or similar statements). If you don't wish to have your name on the hospital directory, you must notify the registrar at time of registration or you may ask your healthcare provider at any time during your hospitalization.
- **Individuals involved in your care or payment for your care:** We may release medical information about you to a family member or a friend 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 the hospital or at one of our outpatient facilities. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location. If you don't wish to have your name released to family or friends, you must notify the registrar at time of registration.

**USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

Other than the uses and disclosures described above, we will not disclose your PHI without your written authorization. Health First requires your written authorization for most uses and disclosures of psychotherapy notes (psychotherapy notes are notes made by a mental health professional during a private, group or family therapy session and kept separate from the medical record), for marketing (other than a face-to-

face communication between you and a Health First workforce member or a promotional gift of nominal value) in which financial payment is received or before selling your protected health information resulting in financial or non-financial payment. Additionally, other uses and disclosures of medical information not covered by this notice or by the laws that apply to us will be made only with your written permission. If you provide us permission 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.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have rights related to the use and disclosure of your PHI. To exercise these rights, you may contact the locations below:

Health Information Management Department  
3300 S. Fiske Blvd.  
Rockledge, FL 32955

Health First Privacy Office  
6450 US Highway 1  
Rockledge, FL 32955

- **Right to inspect and copy:** In most cases, you have the right to inspect and receive a copy of certain healthcare information including certain medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. The information will typically be provided within 30 days. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the organization (not the person who denied your request) will review your request and the denial. 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 as long as the information is kept by or for Health First. To request an amendment, you may make your written request directly to either the Health Information Management Department or the Health First Privacy Office. 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 one of our covered entities.
  - Is not part of the information which you would be permitted to inspect and copy.
  - Is accurate and complete.
  - The originator does not agree with the proposed amendment.

- **Right to an accounting of disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you, which would be outside of the treatment, payment, or healthcare operations definitions explained above. We are required to keep an accounting of those disclosures for a minimum of six years, but not prior to April 14, 2003. To request a list of accounting of disclosures, you must submit your request in writing to the Health Information Management Department or Health First Privacy Office, contained in this notice. Your request must state a specific time period and may not include dates before April 14, 2003. 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 before any costs are incurred. We will provide you this list within the time frames set out by federal law.
- **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 healthcare 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, related to your identification during a disaster or after death. You may request a restriction on all five (5) of these types of uses and disclosures. For example, you could ask that we do not use or disclose information about surgical procedures that you received. You may request that your information not be sent to your health plan. We must comply with your request if you or someone on your behalf agrees to pay for your services out-of-pocket in full, unless the disclosure to your health plan is required by law. Otherwise, *we are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or is required by law. To request restrictions, you may make your request directly to the Health Information Management Department (Medical Records) at the facility where you are being seen. 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.
- **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. To request confidential communications, you must make your request at the facility where you are being seen. 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 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're still entitled to a paper copy of this notice. You may obtain a copy of this notice at the following web site: **Health-First.org**. You may request one at any Health First Patient Registration Office or you may contact the Health First Privacy Office at 321.434.7543.

#### 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 our Health First facilities. The notice will contain the effective date. In addition, each time you register at or are admitted to a Health First facility for treatment or healthcare services as an inpatient or outpatient, we'll offer you a copy of the current notice in effect. We are required to ask you to sign an acknowledgement that you have received this notice.

#### COMPLAINTS

##### **You won't be retaliated against for filing a complaint.**

If you believe your privacy rights have been violated, you may file a complaint with Health First or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Health First, you may 1) Submit a written request to the Health First Chief Privacy Officer, c/o Health First, Inc., 6450 US Highway 1, Rockledge, FL 32955; 2) Submit an email to [InformationPrivacy@Health-First.org](mailto:InformationPrivacy@Health-First.org); or 3) Call the Compliance & HIPAA hotline at 1.888.400.4512.

Effective April 1, 2003

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