

NOTICE OF PRIVACY PRACTICES



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.

Our Pledge Regarding Your Medical Information

Your privacy is important to us. The law requires us to maintain the privacy of your medical information and to tell you our duties and practices regarding your medical information. The law requires us to follow the terms of our current Notice. We reserve the right to make changes to this Notice, which may include new privacy provisions about the medical information that we already have about you as well as any information we receive in the future. If we make any changes, we will give you a copy of the new Notice the next time you visit us. The latest version of this Notice can always be found on our website at www.ebaptisthealthcare.org. In addition, you may request a copy of the Notice currently in effect.

We are providing this Notice so that you understand:

- Who will follow this Notice
- How we may use and share your medical information
- Your rights concerning your medical information
- How to file a complaint about your privacy

Who Will Follow This Notice:

This notice applies to all Baptist Health Care providers providing health care to the public at all of its delivery sites including, but not limited to:

- Andrews Institute Rehabilitation
- Baptist Hospital
- Baptist Medical Group
- Baptist Medical Park – Nine Mile
- Baptist Medical Park – Navarre
- Baptist Medical Park Surgery Center
- Baptist Occupational Health
- Baptist Physician Group
- Baptist Physician Associates
- Baptist Urgent Care
- Cardiology Consultants
- Gulf Breeze Hospital
- Jay Hospital
- The Towers Pharmacy
- All health care professionals, employees, medical staff, trainees, students and volunteers of Baptist Health Care

This Notice does not include Lakeview Center, Inc., or those physicians who are not employed by Baptist Health Care. Those providers should provide you a separate Notice that explains how they will collect, use and disclose your medical information.

How We May Use and Share Your Medical Information:

- **Treatment Purposes:** We may share your information with those who are caring for you. For example, if you come in with a broken arm, we will give your x-rays to your doctor. If you need medication, the doctor may share your information with your pharmacist.

- **Payment Purposes:** We may share your medical information with the person or company paying for your care. For example, if you come to us with a broken arm, we will tell your insurance company why you came in and what we did for you.
- **Health Care Operations:** We may use your medical information to improve the way we provide care to you and others. For example, we may share your medical information to teach others.
- **Health Information Exchange:** We may share your medical information with other health care providers for treatment, payment and health care operations as permitted by law through an approved Health Information Exchange (HIE). Exchange of medical information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions.
- **Appointment Reminders:** We may contact you to remind you about your appointment. Please tell us if you do not want your information used in this way.
- **Sign-in Sheets:** We may use sign-in sheets in our offices and call your name when the doctor is ready to see you.
- **Treatment Choices and Health Promotions:** We may send you information about different ways to treat you and about other health benefits or services that you may want to know about.
- **Fundraising:** We may contact you to provide information about BHC sponsored activities, including fundraising programs and events to support research, education or patient care at BHC. For this purpose, we may use your contact information, such as your name, address and phone number, the dates on which and the department from which you received services, your treating physician's name, your treatment outcome, and your health insurance status. The communication you receive will have instructions on how you may ask us not to contact you again for such purposes, also known as an "opt-out".
- **Research:** We may share your information for research. The law requires us to take extra steps to protect your privacy and tell why we will be using your information.
- **Hospital Directory:** We may use your information in our directory. Our directory has your name, religion, room number and how you are doing. If someone asks for you by name we will tell them your room number and how you are doing. We may allow members of the clergy to see our directory even if they do not ask for you by name. Please tell us if you do not want to be listed in our directory.
- **People Involved In Your Care:** We may share your medical information with a family member or a friend who is involved in your care. We may also share your information with a person or company who is helping pay your bill. Please tell us if you do not want your information shared in this way.

- **Disaster Relief:** If there is a disaster such as a hurricane, plane crash or tornado we may use your medical information to notify your family. We may also release information to an agency such as the Red Cross. Please tell us if you do not want your information shared in this way.
- **Satisfaction Surveys:** We may use your information to contact you requesting feedback on the services provided to you by BHC. Your answers will help us provide better care to our patients and the community we serve.
- **Special Programs:** If you sign-up for one of our programs such as Golden Care, we may share your health information with our volunteers and others so they can check on you while you are in our care.
- **Security Cameras:** To increase the level of security in our facilities, we sometimes use security cameras and recorders in public areas such as hallways and parking lots. We do not use these devices in any private areas such as patient or exam rooms unless doing so is part of the treatment we provide

How We May Share Your Medical Information Without Your Permission:

- **As Required By Law:** An example is the mandatory reporting of positive cancer tests to State agencies.
- **To stop a serious threat to someone's health or safety:** We may only share this information with someone who can stop the threat.
- **For Public Health:** We may share your medical information with a public health agency such as the Centers for Disease Control.
- **Law Enforcement:** In some situations we may share your medical information with law enforcement. If we believe you are a victim of abuse or some other crime we may tell the police. We may also tell the police if you commit a crime at our facility.
- **State and Federal Review:** We may share your medical information when being reviewed. For example we may share your information with Medicare or Medicaid when they are reviewing the way we provide care.
- **Legal Proceedings:** We may share your medical information when responding to proper requests in legal proceedings.
- **Children:** In some cases we may not share your child's medical information with you. For example, there are times when your child can seek care without your permission.
- **Organ Donation:** If you are an organ donor we may share your medical information when appropriate.
- **In Case of Death:** We may share your medical information with a medical examiner or funeral director.
- **Military and Veterans:** If you are in the military or a veteran, we may share your medical information when required by law.
- **National Security:** We may share your medical information when required by law for national security purposes.
- **Protection of the President and others:** We may share your medical information when required by law for protection services of the President and other important leaders.
- **Department of State:** We may share your medical information when required for security clearances and physicals of State Department personnel and their dependents.

- **Inmates:** If you are a prisoner or in police custody, we may share your medical information when required by law.
- **Work Injuries:** If you are getting care because you were hurt at work we may share your medical information with your employer and others as required by Workers' Compensation laws.

Health Information With Additional Protections

Certain types of medical information may have additional protection under federal or state law, for example, if you are receiving behavioral health services from us, your name will not be listed in our Hospital Directory and will not be shared for fundraising purposes. Also, federally assisted alcohol and drug abuse programs are subject to special restrictions on the use and disclosure of related treatment information

Your Rights Concerning Your Medical Information:

- **Right To Request Restrictions:**
 - You can ask us not to share your medical information for treatment, payment and health care operations. Usually, we will not agree to this request because it would make it difficult for us to care for you.
 - You can ask us not to share your medical information with family or friends who are involved in your care.
 - If you want to make any of these requests you must do so in writing. The law does not require us to agree to your request.
 - If you need emergency treatment we may share your medical information even if you have asked us not to.
 - As of September 23, 2013, if you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we have received payment from you in full, then we must agree to that request.
- **Right To See And Get A Copy:**
 - You have the right to see and get a copy of your medical information for as long as we have it.
 - We may charge a fee for giving you a copy.
 - Sometimes the law does not allow us to let you see your medical information. If this happens, you can appeal our decision. Your appeal must be made in writing.
- **Right To Request Confidential Communications:**
 - You can ask us to contact you in certain ways. For example, you can ask that we not send your bills or appointment reminders to your home address or call you at your work number.
 - This request must be made in writing and tell us how you would like to be contacted.
 - We will agree to reasonable requests.
- **Right To Amend:**
 - You can ask us to change your medical information. For example, you can ask us to correct errors such as your date of birth.
 - This request must be made in writing to the appropriate office listed at the end of this Notice with an explanation as to why the amendment is being requested.
 - The law does not require us to agree to your request. If we deny your request, we will notify you in writing, including the reasons for the denial.

- If we deny your request to change your medical information you can appeal our decision. Your appeal must be made in writing.
- **Right To An Accounting:**
 - You can ask us to give you a list of disclosures we have made of your medical information within the six years prior to your request.
 - This list will not include every disclosure made including those disclosures made for treatment, payment and healthcare operations purposes.
 - This also does not include information shared at your request.
 - This request must be made in writing to the appropriate office listed at the end of this Notice.
 - If you request more than one accounting in a twelve-month period, we may charge you a fee.
- **Right To Be Notified In The Event Of A Breach:**
 - We will notify you if your medical information has been used or disclosed in a way that is not consistent with law and results in your medical information being compromised.
- **Right To A Paper Copy Of This Notice:** If asked, we will give you a paper copy of this Notice.

Other Use Of Your Medical Information Without Your

Authorization:

- We will not share your medical information except in the ways indicated in this Notice unless you give us your written authorization to do so.
- Most uses and disclosures of psychotherapy notes and uses and disclosures for marketing purposes fall within this category and require your authorization.
- With certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your medical information without your written authorization.
- If you provide us authorization to use or disclose medical information about you, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization.

Questions or Complaints

We ask that you please give us the opportunity to resolve any issues you have concerning your privacy. If you feel that we have violated your privacy, you may file a written complaint with the Baptist Health Care Privacy Officer at the address below. If you prefer, we will be happy to assist you in completing a written complaint. **There will be no retaliation against you for filing a complaint.** For further information or assistance, you may contact us at:

Privacy Officer
Baptist Health Care Corporation
Governance, Risk & Compliance (GRC)
1717 North E Street, Suite 409; Pensacola, FL 32501
850.434.4472

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services but we ask that you first allow us the opportunity to correct any issues you may have concerning your privacy.

