This notice describes Florida Hospital’s practices regarding the use and disclosure of medical information. This notice applies to all facilities owned or operated by Florida Hospital. If you have any questions about this notice, please contact Florida Hospital Office of Regulatory Administration, 407-303-8959.

Section A: Who Will Follow This Notice?
This notice describes Florida Hospital’s practices regarding the use and disclosure of your medical information, including use and disclosure by:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of Florida Hospital.
- All members of the Florida Hospital interdisciplinary care team.
- All employees, staff and other personnel of Florida Hospital.

This document will be used for the Florida Hospital entities as identified in Section B of this notice.

We may use and disclose medical information about you to carry out activities necessary to coordinate your care and to provide services as part of your care. We may also combine the medical information we have with medical information we have about you for Florida Hospital’s operations. We may disclose information to a foundation related to Florida Hospital so that the foundation may contact you to raise money for Florida Hospital. We would release only contact information, such as your name, address, phone number, gender, age, insurance status, and the dates you received treatment or services. We may also provide medical information to your employer in connection with your workers’ compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

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 hospital. 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 Florida Hospital. This notice applies to Florida Hospital personnel or your personal doctor. Your personal doctor may have different policies or procedures for maintaining the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

1. Use or Disclosure of Medical Information

This notice will tell you about the ways in which we may use and disclose medical information about you for treatment, payment, and health care operations as part of your care in the course of providing services to you. We are required by law to:

- Use our best efforts to keep medical information that identifies you private;
- Give you notice of our legal duties and privacy practices with respect to the use and disclosure of medical information;
- Follow the terms of the notice that is currently in effect.

2. Your Rights Regarding Medical Information

You may have the right to:

- Request a restriction on certain uses or disclosures of your medical information.
- Review and request an amendment of your medical information.
- Inspect and copy your medical information.
- Receive a list of instances in which we have disclosed your medical information to third parties (subject to certain exceptions). If you request this list more than once in a 12-month period, we may charge a fee for the cost of supplies for each list.
- Request an accounting of disclosures we make except for disclosures we make to carry out our treatment, payment, or health care operations activities and some other limited uses and disclosures that are not subject to accounting requirements.
- Request that your medical information not be transferred to certain third parties.

3. Medical Information that Identifies You Private

We will not use or disclose your medical information except as described in this notice without your written authorization, except as otherwise required or permitted by law.

4. Use or Disclose Medical Information as Necessary for Treatment

We may use medical information about you to provide you with medical services and to coordinate the different services you receive at Florida Hospital. We may disclose medical information to another doctor treating you to obtain prior approval for your proposed surgery or treatment. If you are under 18 years of age, your parents or guardian must sign for you and authorize any further treatment options.

5. Use or Disclose Medical Information for Payment

We may use and disclose medical information about you to bill you for medical services and to insurance companies as part of our efforts to obtain payment for services we have performed for you. If you are under 18 years of age, your parents or guardian must sign for you.

6. Use or Disclose Medical Information for Public Health Activities

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

7. Use or Disclose Medical Information for Health Care Operations

We may use and disclose medical information about you for business purposes. These uses and disclosures are necessary to run Florida Hospital and make sure that all of our patients receive quality care. For example, we use medical information to help us develop our treatment and services and to evaluate the performance of our workforce in caring for you. We may combine the medical information we have about you with other medical information you have donated for medical research. We may sell or disclose medical information that identifies you private; we may combine the medical information we have about you with other medical information you have donated for medical research. We may sell or disclose medical information about you to patients with specific medical needs, so long as the medical information does not identify you and the medical information is protected as protected health information. We will generally ask for your specific permission if the researcher will have access to personally identifiable medical information that reveals who you are, or who will be involved in your care at Florida Hospital.

- 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 or disclose medical information about you 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. If you are an organ donor, we may release medical information about your condition to an organ procurement organization or organ donor agency to evaluate you for organ donation. We may also review medical information about your health that a transplant team shares with the transplant surgeon to prepare you for organ donation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by law to the appropriate government authorities. We may release medical information about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation. We may release medical information about you to your employer or similar organizations as required by law.

Public Health Risks. We may disclose medical information about you to prevent or control disease, injury or disability.

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse, neglect or domestic violence.
- To prevent or control a disease or disability or to notify a person who may have been exposed to a disease.

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 reviews. These activities are necessary for federal law enforcement agency to maintain the health care payment, program integrity and program quality.

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 reviews. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
Lawsuits and Disputes. If you or we are involved in a lawsuit or a dispute, we may use the 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 as asked to do so by 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 at Florida Hospital; 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 may have committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may include, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Florida Hospital 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 correctional institution to provide you with health care; (2) to prevent a serious threat to 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 any of your medical information we keep in a designated record of the care that we provided to you. To exercise this right, you or your authorized representative may make a request in writing to the Privacy Officer or designee at the phone number below. Once we receive your request, we will make available to you, within a reasonable time, a summary of your most relevant medical information that includes a list of the records we maintain about you. We may charge a reasonable, cost-based fee for this service. If you sign an authorization form or contacting the Privacy Officer at 407-303-9599.

Right to Request Confidential Communications. You have the right to request that certain medical information we maintain about your care be shared in a certain way or at a certain location. For example, you can ask that we only contact you by mail or phone. We will not ask you the reason for your request, but 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 acquired or accessible 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 receive a paper 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 at our website, www.floridahospital.com/privacy.

Right to Limit Use and Disclosure in Health Information Exchange. AHS has electronically connected the medical information each AHS facility has in your medical record through a series of networks, named iNetwork. This means that for the purposes of your treatment, payment or health care operations as an inpatient or outpatient, we may disclose information to other AHS and its affiliated facilities may also choose to share medical information with other AHS and its affiliated facilities so they may need to treat you. You have the right to limit the use and disclosure of your medical information through iNetwork. You may choose not to allow your medical information to be shared through 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 with other AHS and its affiliated facilities so they may need to treat you. You have the right to limit the use and disclosure of your medical information through iNetwork. You may choose not to allow your medical information to be shared through iNetwork. This means that it may take longer for your health care providers to get medical information they may need to treat you. 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 the iNetwork exchange, and some states still allow health care providers to access your medical information through health information exchange if needed to treat you in an emergency. To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete your request to: Florida Hospital Office of Regulatory Advantage, 407-303-9599.

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 Florida Hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, 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 hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with Florida Hospital, contact the Privacy Officer at 407-200-1335. All complaints must be submitted in writing to Risk Management, 601 East Rollins Street, Orlando, FL 32803.

You will not be penalized for filing a complaint.

Section H: Other Uses of Medical Information
Other uses and disclosures of medical information not covered by this notice or the HIPAA Privacy Rule are covered by an authorization signed by you. For example, you could ask that we not use or disclose information about a surgery you had. You are not required to agree to such uses or disclosures. However, if you agree, we will not use or disclose your medical information for the purposes, or certain other types of disclosures made to achieve certain purposes or certain other types of disclosures made to those purposes and certain other types of disclosures made to achieve certain purposes or certain other types of disclosures made to achieve certain purposes. We will not make such disclosures unless you sign an authorization.

Section I: Organized Health Care Arrangement
Florida Hospital, the independent contractor members of its Medical Staff (including your physician), and other medical care providers affiliated with Florida Hospital have agreed, as permitted by law, to share your health information to achieve certain purposes of your treatment, payment or health care operations. This enables us to better address your health care needs.