

NOTICE OF PRIVACY PRACTICES
DESOTO MEMORIAL HOSPITAL
ARCADIA, FLORIDA

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 our Facility Privacy Officer, at 863-494-3535.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand your medical information is personal and we are committed to protecting your personal medical information. We create a record of the care and services you receive at DeSoto Memorial Hospital (the "hospital") 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 by the hospital, whether made by hospital personnel or your personal doctor.

This notice describes how the hospital may use and disclose your medical information and provides examples, where necessary. This notice also describes your rights regarding our use and disclosure of your medical information, frequently referred to as Protected Health Information ("PHI").

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of DeSoto Memorial Hospital and includes:

- All hospital employees and non-employed medical staff when using and disclosing the medical information in your hospital record;
- Any health care professional authorized to enter information into your hospital chart;
- Any member of a volunteer group which assists you while you are in the hospital;
- DeSoto Memorial Hospital Center for Family Health;
- DeSoto Memorial Hospital Rehabilitation Department;
- DeSoto Memorial Home Health Agency;
- DeSoto Memorial Hospital Auxiliary

The organizations participating in the Notice are participating only for the purposes of providing this Notice and sharing medical information as permitted by applicable law. These organizations are not in any way providing health care service mutually or on each other's behalf. Each organization is individually responsible for its own activities, including compliance with privacy laws, and all health care services it provides. Your personal physician may have different policies or notices regarding his/her use and disclosure of your medical information in the medical records created in your physician's office or clinic.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

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.

- **For 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 hospital personnel who are involved in taking care of you at the hospital. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital 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 hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital 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 surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. 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 Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital 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 also combine medical information about many hospital patients to decide what additional services the hospital 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 hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We will 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.
- **Business Associates.** We may share your medical information with third party "business associates" who provide various services for the hospital. For example, we may send your medical information to a company that assists us in billing, to a transcription service that assists us in maintaining your medical record, or to a copy service that assists us in copying your medical record. We require our business associates to appropriately safeguard your medical information.
- **Appointment Reminders.** We may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives.** We may use and disclose your 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 or services 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 the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising

money for the hospital. HIPAA allows the release of contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital. For more targeted fundraising additional PHI can be used without consent authorization. If at any time you do not want the hospital to contact you for fundraising efforts, you must notify the Facility Privacy Officer in writing. You may opt back in at any time by again notifying the Facility Privacy Officer in writing.

- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. You will be provided the opportunity to restrict the information contained in the directory, restrict to whom this information may be disclosed or opt out of being included in the directory. If you are unable to agree or object, we may include the information we deem is in your best interest based on our professional judgment. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. In addition, we may also disclose information about you during a disaster relief effort so that your family can be notified.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your medical information to a family member or other persons you allow to be present and involved in your care, such as a friend, relative or spouse. We will only disclose medical information relevant to that person's involvement in your care or payment for your care. In an emergency situation we may use and disclose your medical information to locate and notify a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure we may disclose such information as we deem is in your best interest based on our professional judgment.
- **Research.** Under certain circumstances, we may use and disclose limited medical information about you for quality improvement 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. Also, clinicians may request our clinical research staff to review your medical information to see if you would be eligible for a study. All research projects, however, are subject to a special approval process.
- **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 your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public.

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.
- **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.
- **Legal Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose medical information in response to a subpoena, discovery request, or other lawful process, 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 at the 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 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 determined the cause of death. We may also release medical information about patients of the 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 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.

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 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. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Facility Privacy Officer. 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.

We may deny your request to inspect and copy in certain very limited circumstance. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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.

- **Access of Individuals to Electronic PHI.** You have the right to request an electronic copy of PHI that is maintained electronically in one or more designated record sets, regardless of whether the record set is an electronic health record. If you do not accept the format readily producible a hard copy will be provided to fulfill the access 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. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Facility Privacy Officer. 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 hospital;
- 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 the disclosures we made of medical information about you.

To request this list or account of disclosures, you must submit your request in writing to the Facility Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. 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.

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.

To request restrictions, you must make your request in writing to the Facility Privacy Officer. 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 Disclosure Restrictions when Services are Paid in Full Out of Pocket.** You have the right to restrict certain disclosures of PHI to a health plan where the individual pays out of pocket is paid in full for the healthcare item or service.

- **Prohibition of Sale of Protected Health Information.** Authorization is required for most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI.

- **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 in writing to the Facility Privacy Officer. 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.

- **Duty to notify in case of a breach.** You have a right to be notified following a breach of unsecured PHI.

- **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 at our website, www.dmh.org
- To obtain a paper copy of this notice, contact the Facility Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to apply any changes to this Notice to the medical information that is already in our possession as well as to any future medical information. We will post a copy of our current Notice of Privacy Practices, including the effective date in designated areas and our website. Whenever changes to the Notice occur, we will offer you a copy of the latest Notice of Privacy Practices each time you register at our facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may call 863-494 3535 and ask for the Facility Privacy Officer or submit your complaint in writing to Desoto Memorial Hospital, ATTN: Facility Privacy Officer, P. O. Box 2180, Arcadia, FL 34265.

If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services: Office for Civil Rights, DHHS, 61 Forsyth Street, SW. - Suite 16T70, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7884 (TDD), (404) 562-7881 FAX.

The quality of your care will not be jeopardized, nor will you ever be denied care or penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or 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.

Acknowledgement

We will ask you to sign and date a form indicating your receipt of this Notice of Privacy Practices