



NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: APRIL 14, 2003
Revised June, 2006
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Revised May, 2013

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 refer to our website, orlandohealth.com, or you may contact the Corporate Privacy Officer by telephone at 321.843.3333, email to informationsecurity@orlandohealth.com or mail: Orlando Health, MP 29, 1414 Kuhl Ave., Orlando, FL 32806.

WHO WILL FOLLOW THIS NOTICE

This notice describes Orlando Health's practices regarding the use and disclosure of your medical information, including use and disclosure by (a) any healthcare professional authorized to enter information into your medical record, (b) all departments and units of the system, (c) volunteers we allow to help you while you are in the facility, (d) all contracted services, and (e) all members of Orlando Health's workforce.

All Orlando Health entities, sites and locations follow the terms of this notice, including: all Orlando Health hospitals, South Lake Hospital and its affiliates, Health Central Hospital and its affiliates, Orlando Health Physician Group, Physician Associates LLC., Health Central Park, Howard Phillips Center for Children & Families, Healthchoice, Orlando Health Foundation, Arnold Palmer Medical Center Foundation, home health services, ambulance services, outpatient centers, and all other Orlando Health sites and locations. Also included are staff and contracted physician services such as, but not limited to, emergency department physicians, pathologists, anesthesiologists, radiologists, hospitalists, physicians who interpret tests, and all other members of the medical staff when seeing patients in our facilities. These individuals, entities and facilities may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that information about you and your health is personal. We are committed to protecting that medical information. We create a record of the care and services you receive 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 Orlando Health, whether made by our employees or your personal physician. Your personal physician may have different policies or notices regarding use and disclosure of medical information created in his/her office or clinic. This notice tells you about the ways in which we may use and disclose 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: make sure that health-related information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect and notify you following a breach of unsecured protected health information.

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. (For example, we may need to give your health plan information about surgery you received 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 Healthcare Operations

We may use and disclose information about you for normal hospital 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. Some of these reviews may be conducted by independent physicians who are members of the medical staff but not Orlando Health employees.) 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 Orlando Health staff via telephone after you have had service at one of its facilities. Examples include: (1) a follow-up phone call after discharge from the hospital to answer any questions from the patient or family or to determine that the patient is recovering appropriately; (2) a phone call to address patient satisfaction issues; or (3) a phone call to provide additional education or guidance to the patient on a particular topic related to their hospital stay. Such phone calls will be limited in number and are meant to ensure optimum recovery, patient satisfaction and education.

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.

Hospital Directory

We will include certain limited information about you in the hospital directory if you are assigned a bed in one of our hospitals. This information may include your name, location in the hospital, general condition (fair, good, etc.) and religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. (This does not apply to behavioral health patients.) 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. If you do not wish to have this information included in the hospital directory, notify registration personnel. (A request not to be included in the hospital directory must be made for each visit.)

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 who is involved in or helps pay for your medical care. We may also tell your family or friends your general condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research

Under certain circumstances, we may use and disclose 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 for the same condition.) All research projects are subject to a special approval process that evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patient's need for privacy of their medical information. Before we use or disclose information for research, the project will have been approved through this research approval process; however, we may disclose information about you to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the information they review does not leave Orlando Health. When our staff conducts a research project in which they look back at old medical records, your personal information will not be disclosed outside the hospital nor will you be identified in any reports. If a research project is conducted where your information cannot be held confidential, a separate process is in place for you to consent for this type of research.

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 use certain information (name, address, telephone number, dates of service, age, gender, treating physician, department where you received service, health insurance status, and outcome) to contact you in the future to raise money for Orlando Health. We may also provide this information to an institutionally-related foundation for the same purpose. The money raised will be used to expand and improve the services and programs we provide the community. You have the right to opt out of receiving such communications.

As Required By Law

We will disclose information about you when required to do so by federal, state or local law.

To Prevent a Serious Threat to Health or Safety

We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

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. These programs provide benefits for work-related injuries or illness.

Public Health Risks

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 a health oversight agency 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 the hospital; 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 you 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 copies of 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 obtain a copy of medical information that may be used to make decisions about you, you must appear in person or submit your request in writing to: Orlando Health, Release of Information, MP 69, 1414 Kuhl Ave., Orlando, FL 32806. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, labor, electronic media or other supplies associated with your request. We may deny your request to inspect and obtain a copy of your medical information in certain 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 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.

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 Orlando Health.

To request an amendment, your request must be made in writing and submitted to Orlando Health, Health Information Management, MP 97, 1414 Kuhl Ave., Orlando, FL 32806. 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: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the medical information kept by or for the hospital; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and complete.

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, you must submit your request in writing to: Orlando Health, Release of Information, MP 69, 1414 Kuhl Ave., Orlando, FL 32806. Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. There may be a charge for additional requests. 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 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. (For example, you could ask that we not use or disclose information about a surgery you had to a particular family member.) You may make this request orally to registration personnel and you will be designated as a "no publicity" for that episode of care. If you (or another person on your behalf) pays in full at the time of admission 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. For all other restrictions, you must complete the "Request for Restrictions on Uses and Disclosures of Protected Health Information" form available at any Orlando Health admission/registration center or from the Corporate Privacy Officer. You may contact the Corporate Privacy Officer at 321.843.3333 to request a form and one will be mailed to you. Completed forms must be mailed to Attn: Corporate Privacy Officer, Orlando Health, 1414 Kuhl Ave., MP 29, Orlando, FL 32806. We will reply to you within 60 days. 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 with emergency treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail.) If you want to request confidential communication, contact a Registration or Billing Office representative, Monday through Friday during regular business hours and/or during the registration process. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must include the address and/or telephone number where you want to be contacted.

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 at our website, orlandohealth.com, or at any admission/registration center.

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.

COMPLAINTS

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 Orlando Health, Attn: Corporate Privacy Officer, 1414 Kuhl Ave., MP 29, Orlando, FL 32806. All complaints must be submitted in writing. 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.