



NOTICE OF PRIVACY PRACTICES HEALTH CARE DISTRICT OF PALM BEACH COUNTY

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 questions about this notice, please contact the Privacy Officer at (561) 659-1270.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of the Health Care District of Palm Beach County (the "District") and those of

- Any health care professional who puts information in your record
- All departments at the District and all the programs it sponsors
- Any volunteer we allow to help you
- All employees, staff and others

Departments and programs may share medical information with each other for treatment, payment or health care operation purposes as described in this notice. Departments and programs sharing medical information for payment or health care operations purposes will only share the minimum amount of medical information necessary for the performance of payment and health care operation functions.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to keeping this information private. We create a record of your services and care at the District. We need this record to show you that we provide you with good care and follow legal requirements. This notice applies to all the records of your care and services provided at the District.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain duties we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you notice of our legal duties and privacy practices regarding medical information about you
- Follow the terms of the notice that is currently in effect.

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 disclosure we explain what we mean and give you examples. Not every use or disclosure is listed. However, all of the ways we are permitted to use and disclose information 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 others who are involved in taking care of you. For example, if you are being treated for leg ulcers and a doctor needs to know if you are diabetic, we may disclose this information because it is important for the doctor to know in making a plan for your care. We may also disclose medical

information about you to people involved in your medical care such as family members, clergy, or others. Unless you are unable to consent to the disclosure of medical information, such as in the case of an emergency, we will get your permission prior to a disclosure of information related to your medical treatment. A specific written medical release will be obtained in many instances.

- **For Payment** We may use and disclose medical information about you so that charges for the treatment and services you receive may be billed and payment may be collected. For example, we may need to give medical information to Medicaid for them to reimburse charges for services. We may also disclose medical information to find out if a treatment will be covered or to find out if another agency will pay for services. In many instances and as required by Florida law, we will obtain your written permission to disclose medical information for payment purposes.
- **For Health Care Operations** We may use and disclose medical information about you for health care operations. We need these uses and disclosures to run our programs and make sure that all of our patients receive good care. For example, we may use medical information to review your treatment and services by one of our participating providers. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and what new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and others for review and learning purposes. We may also combine the medical information we have with medical information from other plans or 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 health care and health care delivery without learning who the specific patients are.
- **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.
- **Treatment Alternatives** We may use and disclose medical information to tell you about or suggest different ways of treating you.
- **Health-Related Benefits and Services** We may use and disclose medical information to tell you about health-related benefits or services relating to your treatment that may be of interest to you.
- **Facility Directory** If you are a resident of the Edward J. Healey Center (the "Center") or a patient of the Lakeside Medical Center (the "Hospital"), we may include certain limited information about you in the facility directory. This information may include your name, location in the Center or Hospital, your general condition (e.g. fair, stable, etc.) and your religious affiliation (that is, what religion you are). The directory information, except for your religious affiliation, may also be given 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. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You may ask us not to give this information by telling the Director of Social Services or at or anytime after admission to the Hospital.
- **Individuals Involved in Your Care or Payment for Your Care** We may, with your agreement, release medical information about you to a friend or family member who is directly involved in your medical care. We may release medical information about you to a friend or family member who is directly involved in your medical care if it is reasonable to infer that you do not object. We may also tell your family or friends your condition if you are a resident of the Center or Hospital. In addition, we may disclose medical information about you to an organization 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 medical information about you for research purposes. For example, a research project may involve comparing the outcomes of all patients who received one type of medication and those who received another for the same condition. All research projects are subject to a special approval process. This process balances the research needs with your need for privacy. The project must be approved through this research approval process before we use or disclose medical information for research. However, we may disclose medical information about you to people preparing to conduct a research project. For example, we may disclose medical information to organizations looking for patients with specific medical needs, so long as the medical information does not leave the District. We will almost always ask you for specific permission if the researcher asks for your name, address, or other information that reveals who you are.

- **As Required By Law** We will disclose medical 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 medical 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. Such a disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ, Eye and Tissue Donation** If you are an organ donor, we may release medical information to organizations that are needed in order for you to make your donation.
- **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 problems with medications or other medical 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 permitted by law. These 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 to find out if civil rights laws are being followed.
- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose 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 get an order keeping the information private.
- **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 facility; 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 determine the cause of death. We may also release medical information about patients of the District 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 permitted by law.

- **Protective Services for the President and Others** We may disclose medical information about you to federal officials so they may protect the President, other 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 look at 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. In the event that the District, now or in the future, maintains your medical information in an electronic health record, you have the right to receive a copy of your information in an electronic format. Additionally, you have the right to request that the District transmit information contained in an electronic health record to you electronically.

You must submit your request to look at and copy your medical information in writing to the Privacy Officer. If you ask for a copy of the information, we may charge a fee for the cost of copying, mailing, or other expenses needed to follow your request. If you request an electronic copy of your information, you may be charged a fee; however, such fee will not be greater than either the District's actual labor costs or the amount allowed by Florida law. If you choose to receive an electronic copy of your information you must clearly specify the transmission instructions. In most cases, we will act on your request within thirty (30) days.

We may deny your request to look at and copy your medical information in certain very limited circumstances. If you are denied access to medical information, you may ask that the denial be reviewed. Another licensed health care professional chosen by the District will review your request and the denial. The review will not be conducted by the person who denied your request. The results of this review will be the final determination.

- **Right to Amend** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to change the information. You have the right to ask for a change for as long as the information is kept by or for the District.

Your request for a change to your information must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. In most cases, we will act on your request within sixty (60) days.

We may deny your request for a change to your information 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 change information that:

- Was not created by us, unless the person or organization that created the information is no longer available to make the change.
 - Is not part of the medical information kept by or for the District
 - Is not part of the information which you would be permitted to inspect or 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 the medical information about you. This list will not include the following disclosures:
 - disclosures for treatment, payment, or health care operations*
 - disclosures made to you
 - disclosures you have already permitted

- disclosures for our facility directory
- disclosures to those involved with your care, such as family and friends

You must submit your request for this list of disclosures in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years. 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 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.

* Some of the District's providers may now or may in the future use electronic health records to maintain your medical information. If your medical information is maintained in an electronic health record you may request an accounting of disclosures for treatment, payment or health care operations. Your request must state a time period, which for an accounting from an electronic health record, may not be longer than a period of three years from the date of the disclosure. This particular right for an accounting of a disclosure from an electronic health record will not go into effect until either January 1, 2011 or January 1, 2014, depending on the date in which your District provider began using an electronic health record.

- **Right to Request Restrictions.** You have the right to request that we limit 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.

In most cases we are not required to agree to your request. If we do agree, we will follow your request unless the information is needed to provide you with emergency treatment. However, you do have the right to request, and the District will agree to your request, to restrict the disclosure of certain information to health plan for payment or health care operations purposes. For example, if you receive a health care service from the District and you elect to fully pay for such service out of pocket, we will honor your request that information regarding such care not be provided to a health plan.

You must make your request for a restriction in writing to the 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 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. You must make your request for confidential communication in writing to the Privacy Officer. We will not ask the reason for your request. We will follow all reasonable requests. Your request must tell us how or where you wish to be contacted.
- **Right to be Notified of a Breach of Your Unsecured Medical Information.** You have the right to be notified of a breach of your unsecured medical information maintained by the District or the District's authorized contractors. The term "unsecured medical information" means medical information that is not secured in a manner that makes the information unusable or unreadable to an individual that is not authorized to access such information. For example, if your medical information is maintained in an electronic health record and such information is properly encrypted, it would not be considered "unsecure".

In the event of a breach of your unsecured medical information, the District will notify you by first-class mail at your last known address or, if you wish, by electronic mail. If the District does not have complete or accurate information, we may attempt to contact you by alternative means. For example, we may post a notice on our website or depending on the circumstances we may alert the local media. Your name and/or medical information would not be publicized in any case.

Any breach notification will include the following information:

- A brief description of what happened, including the date of the breach and the date the

breach was discovered.

- A description of the type of information that was involved. For example, did the breach involve your full name, social security number, etc.
- We will provide you with information related to steps you can take to protect yourself from any harm related to the breach.
- We will provide you with a brief description of what we are doing to investigate the breach, to mitigate any losses and protect against future breaches.
- Contact information, including a toll-free telephone number, an e-mail address, web site and mailing address for you to ask questions and learn additional information.

We will notify you of any breach of your unsecured medical information as soon as possible but in no case later than sixty days after the discovery of the breach. However, we may delay notification for law enforcement purposes. For example, if a law enforcement official determines that notification would impede a criminal investigation or would cause damage to national security we will adhere to the request of law enforcement.

- **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 may still get a paper copy of this notice.

You can get a copy of this notice at our website, www.hcdpbc.org. To get a paper copy of this notice, contact the Privacy Officer at 561-659-1270.

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 at each of our District facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you come in for services, you will be offered a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the District or with the Secretary of the U.S. Department of Health and Human Services. Complaints filed with the District must be submitted in writing to:

Health Care District of Palm Beach County 324 Datura Street-Suite 401 West Palm Beach, FL 33401 ATT:
HIPAA Privacy Officer

You will not be 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 with 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.