

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.

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.

The Health Care District of Palm Beach County and all of its Affiliates, including District Clinic Holdings, Inc. and District Hospital Holdings, Inc. d/b/a Lakeside Medical Center have designated themselves as a single affiliated covered entity, for the purposes of complying with the HIPAA privacy and security rules.

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 when making a plan for your care. We may disclose medical information about you to people who may be involved in your medical care, such as a health care surrogate, medical power of attorney, family members, or other persons who provide services that are designated by you to be a part of your care.

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.

For Health Care Operations. We may use and disclose medical information about you for health care operations. We make these uses and disclosures to run our programs and to 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 to 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.

Business Associates. We may disclose Protected Health Information to our business associates who perform functions on our behalf or who provide a service to the District. For example, we may use a company for billing, transcription, or consultation that would require access to Protected Health Information to perform its service. All of our business associates are obligated, under federal and state law as well as written agreement, to protect the privacy and security of your Protected Health Information.

Facility Directory. If you are a resident of the Edward J. Healey Rehabilitation and Nursing Center (the “Center”) or a patient of 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 (i.e., what religion you are). The directory information, except for your religious affiliation, may also be given to people who ask for you by name. This information is provided so your family, friends and clergy can visit you at the Center or Hospital and generally know how you are doing. 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. You may ask us not to give this information by telling a staff member any time after admission to the Center or Hospital.

Individuals Involved in Your Care or Payment for Your Care. We may, with your consent, release medical information about you to a friend or family member who is directly involved in your medical care. 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 our patients for research purposes, subject to the confidentiality provisions of state and federal law. 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 before we use or disclose medical information for research. When approved through a special review process, other research studies may be performed using your medical information without requiring your consent. These studies will not affect your treatment or welfare, and your medical

information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment. This process balances the research needs with your right to privacy.

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
- 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, 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.

Alcohol, Drug Abuse and Psychiatric Treatment Information. This information may have special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient’s substance abuse or psychiatric treatment unless: (1) the patient, or his or her legal representative, consents in writing; (2) a court order requires disclosure of the information; (3) medical personnel need the information in a medical emergency; (4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation; (5) it is necessary to report a crime or a threat to commit a crime; or (6) to report suspected abuse or neglect as required by law.

Photographs. We may use photography or other means of image recording to capture pictures and imaging in an effort to offer better patient identification for workforce members, security purposes, and billing procedures. Photographs, videotapes and other recordings of a patient, including full face images and/or voices or other identifying information, are considered PHI, and any use or disclosure must comply with District policies, the Privacy Rule and applicable state laws.

Marketing or Sale of Protected Health Information. We will not use or disclose your protected health information for marketing purposes, nor will we sell your protected health information without your written permission.

Fundraising Activities. We may contact you to support the District in its mission to provide quality health care to Palm Beach County residents. You have the right to opt out of receiving fundraising communications and will have the opportunity to opt out of fundraising communications with each solicitation. If you do not want to be contacted for fundraising efforts, you must notify the Privacy Officer at privacy@hcdpbc.org.

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 Medical Records Department. If you ask for a copy of the information, we may charge a reasonable, cost-based 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 reasonable, cost-based fee. The fees 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 inspect and copy your medical information in certain very limited circumstances; for example, when the information contains psychotherapy notes. If you are denied access to your medical information, you may request that the denial be reviewed. We will review your request as required by law, and only deny access when we find that these limited circumstances apply.

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.

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
- 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 (except where excluded by law)
- 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.

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 a health plan for payment or health care operations purposes. If you receive a health care service from the District and you elect to fully pay for such service out of pocket, at the time of service, we must honor your request that information regarding such care not be provided to a health plan for payment or operations.

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 Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Right to Request Confidential Communications. You 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 Medical Information. You have the right to be notified of a breach of your medical information maintained by the District or the District’s authorized contractors.

In the event of a breach of your 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.

We will provide you with information related to steps you can take to protect yourself from any harm related to the breach, as well as contact information 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 and in compliance with applicable state and federal laws. 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 privacy@hcdpbc.org.

Right to Participate in Health Information Exchange. The District may choose to share medical information electronically with other health care providers through regional or state health information exchanges. The sharing of this information would be for purposes allowed by law including, but not limited to, information sharing relating to your treatment. For example, Florida requires the reporting of certain diseases for public health purposes and the District may choose to transmit such information through an appropriate health information exchange.

The goal of the health information exchange is to help participating physicians and providers give better, more efficient care to their patients through the sharing of health information across secure electronic systems by providing safer, more coordinated patient care. This means that, wherever you go, your health information may be available to all doctors who use the health information exchange.

You will automatically be enrolled into the health information exchange and you have the right to OPT-OUT of the health information exchange at any time. You can OPT-OUT of the health information exchange by doing one of the following:

1. Sending a request via email to privacy@hcdpbc.org ; OR
 2. Mailing a written request, signed and dated, to:

Health Care District of Palm Beach County
Attn: Chief Privacy Officer
1515 N. Flagler Drive, Suite 101,
West Palm Beach, FL 33401
- The following information must be included in the email or mail request, so the Health Care District can be sure to identify the correct medical information to restrict from the health information exchange:
- a. A statement that the patient wants to OPT-OUT or OPT-IN of the health information exchange
 - b. First and last name (and middle name, if applicable)
 - c. Health Care District medical record number, if available
 - d. Date of birth
 - e. Telephone number
 - f. Address

Patients also have the right to change the OPT-OUT decision and opt back in at any time. They must contact the Health Care District by e-mail or letter to the addresses listed above, and include a statement that the patient wants to OPT-IN to the health information exchange as well as all the information in subparagraphs (b-f) above.

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. In addition, each time you come in for services, you will have an opportunity to receive 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 Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, DC 20201, calling 1-800-368-1019, visiting www.hhs.gov/ocr/privacy/hipaa/complaints/, or emailing OCRComplaint@hhs.gov. Complaints filed with the District must be submitted in writing to:

Health Care District of Palm Beach County
Attn: Chief Privacy Officer
1515 N. Flagler Drive, Suite 101, West Palm Beach, FL 33401
Email: privacy@hcdpbc.org
TTY # 1-800-955-8771

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.

If you have questions about this notice, please contact the Health Care District’s Privacy Officer at (561) 804-5600 ext. 295524 or by email at privacy@hcdpbc.org.

Effective: April 2003 Reviewed and/or revised: September 2012, August 2013, November 2014, June 2016, May 2017, February 2018, February 2020, June 2022.

The Health Care District complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Care District does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Care District:

Provides free aids and services to people with disabilities to communicate effectively with us such as:

- qualified sign language interpreters;
- written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English such as:

- qualified interpreters;
- information written in other languages.

If you need these services, contact the Compliance Department at (561) 804-5600, ext. 295524.

If you believe that the Health Care District has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Department
1515 N. Flagler Drive, Suite 101, West Palm Beach, FL 33401
TTY 1-800-955-8771
Email: nondiscrimination@hcdpbc.org

You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by email or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building, Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-874-3972 (TTY: 1-800-955-8771).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-874-3972 (TTY: 1-800-955-8771).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-874-3972 (TTY: 1-800-955-8771).