

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 dial the Heart of Florida's main number, (352) 732-6599 and ask for Heart of Florida Health, Inc.'s (Heart of Florida), Privacy Officer or by mail to Heart of Florida Health Center, Inc., Attn: Privacy Officer, 1025 SW 1st Ave, Ocala, FL 34471.

This Notice describes Heart of Florida's privacy practices and that of:

- Any healthcare professional, medical staff and other healthcare providers authorized to enter information into the Heart of Florida's medical records.
- All locations, but not limited to, Ocala (1st Avenue), Health Department, Belleview, Reddick and at the Centers.
- All employees, staff, agents, contracted services and other personnel.

Our Pledge: We are committed to protecting health information about you. Each time you visit a clinic, physician, or other healthcare provider, a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. We need this record to provide you with quality care. This Notice applies to all of the records of your care generated by the Heart of Florida, whether made by Heart of Florida personnel or agents of the Heart of Florida.

Our Responsibilities: Heart of Florida is required to provide a description of its privacy practices and its legal duties with respect to protected health information. We will abide by the terms of this Notice.

I. Uses and Disclosures: How we may use and disclose health information about you. The following categories describe your rights and examples of the way we use and disclose health information:

- a. **For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you at the Heart of Florida. For example: a doctor treating you for high blood pressure may need to know if you have diabetes. Different physicians may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, and x-rays. We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.
- b. **For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your insurance company about treatment you are going to receive to determine whether your plan will cover it.
- c. **For Health Care Operations:** These uses and disclosures are necessary to run Heart of Florida and to make sure all patients receive quality care. For example, physicians and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may also combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes and we may combine health information we have with that of other clinics to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy. We may also use and disclose health information for the following:
 - To remind you that you have an appointment for medical care;
 - To assess your satisfaction with our services;
 - To tell you about possible treatment alternatives;
 - To tell you about health-related benefits or services;
 - To inform Funeral Directors consistent with applicable law;
 - For population-based activities relating to improving health or reducing health care costs; and
 - For conducting training programs or reviewing competence of health care professionals.
- d. **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include radiology and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- e. **Future Communications:** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in. Any unsolicited materials you receive from Heart of Florida will have information on how to opt out of future mailings.

- f. **Fundraising Activities:** We may use medical information about you to contact you in an effort to raise money for Heart of Florida and its operations. We can release the following information: demographic information such as your name, address, contact information, age, gender, date of birth, health insurance status, treating physician, department of service and outcome information. If you do not want Heart of Florida to contact you for fundraising activities, please send a written request to the attention of Fundraising Department at the above address.
- g. **Disclosures that may be Made Without Patient Authorization or Opportunity to Agree or Object:** We may also use and disclose health information for the following types of entities, including but not limited to:
1. **As required by law.** We will information about you as required by federal, state or local law.
 2. **To Avert 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. Any disclosure, however, would be only to someone able to help prevent the threat.
 3. **Research:** In limited circumstances a patient's protected health information may be disclosed for research purposes. All research projects are subject to a special approval process. Even without special approval, we may permit researchers to look at your records to help them identify patients who may be included in their research project or for other similar purposes.
 4. **Organ and Tissue Donation Organizations:** If you are an organ donor, 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.
 5. **Military Command Authorities:** 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.
 6. **Workers Compensation Agents:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
 7. **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
 8. **Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability:** 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.
 9. **Health Oversight Agencies:** 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.
 10. **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 to obtain an order protecting the information requested.
 11. **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 even 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 Heart of Florida; 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.
 12. **Funeral Directors, Coroners and Medical 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 Heart of Florida to funeral directors as necessary to carry out their duties.

13. **National Security and Intelligence Agencies:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 14. **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.
 15. **Correctional Institutions:** 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.
 16. **State Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.
- II. Your Health Information Rights:** Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**
- a. **Inspect and Copy:** You have the right to inspect and obtain a paper or electronic copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in anticipation of or for use in any legal action. Also, the Heart of Florida is not required to disclose protected health information that is subject to the Clinical Laboratory Improvements Amendments (CLIA). To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Heart of Florida's Health Information Management Department. 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 circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Heart of Florida 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.
 - b. **Correct or Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to Heart of Florida's Health Information Management Department. 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 or correct 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 designated record set kept by or for the Heart of Florida;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
 - c. **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to Heart of Florida's Health Information Management Department. Your request must state a time period that 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 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.
 - d. **Request Restrictions:** You have the right to request a restriction or limitation on the health 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 health 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 treatment 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 Heart of Florida's Health Information Management Department. 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. If you have paid out-of-pocket (or that you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI related to that item or service not be disclosed to your health plan for the purposes of payment, treatment or healthcare operations and we will honor this request.
 - e. **Notice of Breach of Unsecured PHI:** You have the right to be notified of any breach of unsecured PHI. Generally a breach is defined as unauthorized acquisition, access, use or disclosure of PHI that compromises the security or privacy

of such information. Security and privacy are considered compromised when the disclosure poses a high probability of financial, reputational or other risk to you. The notice of breach must be sent to you no later than 60 days from the date the breach was discovered. It must contain a description of the breach and type(s) of unsecured PHI involved in the breach, proactive measures you should take, if any, to protect against losses and actions taken by Heart of Florida to investigate and mitigate any losses from the breach.

- f. **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 contact you at work or by U.S. Mail. To request confidential communications, you must make your request in writing to the Heart of Florida's Health Information Department. We will not ask you the reason for your request. Heart of Florida will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- g. **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 print or view a copy of the Notice by clicking on the Notice of Privacy Practices link on Heart of Florida's website at the following address www.heartoffloridhealthcenter.org. To obtain a paper copy of this Notice ask the admission personnel or send a written request to the Heart of Florida's Health Information Management Department.
- III. **CHANGES TO THIS NOTICE:** We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current Notice will be posted in the Heart of Florida locations and on Heart of Florida's website and include the effective date. In addition, each time you register at or are admitted to the Heart of Florida for treatment or health care services, we will offer you a summary of the current Notice in effect and you may request a full copy of this Notice at anytime.
- IV. **COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the Heart of Florida by contacting the main number and asking for Heart of Florida's Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- V. **WRITTEN AUTHORIZATION AND OTHER USES OF HEALTH INFORMATION:** The following uses and disclosures of your PHI will be made only with your written authorization; a) most uses and disclosures of psychotherapy notes b) uses and disclosures of PHI for marketing purposes and c) disclosures that constitute the sale of you PHI. Other uses and disclosures of health 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 health 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 health 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 authorization, and that we are required to retain our records of the care that we provided to you and documented in the doctor's office or clinic. Lastly, PHI may be disclosed to your family, close friends or other individuals where you have the ability to agree or object.