

# NOTICE OF PRIVACY PRACTICES OF: Doctors' Memorial Hospital

Revised Date: October 21, 2013

This notice describes the privacy practices of all inpatient and outpatient departments and units of Doctors' Memorial Hospital and all facilities operated by Doctors' Memorial Hospital..

**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.**

## A. PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

A record is made of the care and services you receive each time you are a patient in our hospital or one of our affiliated facilities. This record documents such things as your physical examination, test results, diagnosis, treatment, plans for future care, and information related to billing. We need this record to provide you with quality care and to comply with certain legal requirements. This notice describes the type of information we gather about you while you are a patient, with whom that information may be shared and the safeguards we have in place to protect it. It applies to all records of your care generated by hospital personnel, agents of the hospital, or your doctor. Please note that your doctor may provide you with a notice regarding the use and disclosure of your health information in his particular office.

## B. OUR LEGAL DUTY REGARDING YOUR MEDICAL INFORMATION

We are required by law to keep private any medical information that identifies you and provide you with a description of our privacy practices with respect to your medical information. We will follow applicable laws and the terms of the notice that are currently in effect.

## C. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

### 1. Permitted and Required Uses and Disclosures of Your Health Information Which DO NOT Require Your Written Authorization or the Opportunity for You to Object or Agree

The following categories describe the different ways that we may use and disclose medical information and examples of each. Not every possible use or disclosure in a category will be listed.

**For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different healthcare professionals also may share health information about you in order to coordinate the different things you may need, such as medications, lab work, meals, and x-rays. We may also disclose medical information about you to people outside the facility who may be involved in your medical care after you are discharged or that provide services that are part of your continuing care.

**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 treatment so they will pay us or reimburse you. We may also use and disclose medical information about you to obtain prior approval or determine whether your insurance plan will cover the treatment. We may contact you for the purpose of billing/collection efforts. This may include leaving a message on your answering machine/voice mail.

**For Health Care Operations:** Members of our medical staff, clinical departments, and administrative units may use information in your medical record to review the care and outcomes in your case and similar cases. This is necessary to continually improve the quality of care for all patients we serve. For example, we may disclose information to doctors, nurses, technicians, training doctors, medical students, and other facility personnel for review and learning purposes. We may combine medical information about many patients to assess the need for new services or treatment. This information may be combined with that of other facilities for the purposes of studying health care delivery. We may remove information that identifies you from this set of medical information to protect your privacy. We may also use and disclose health information to assess your satisfaction with our services and for reviewing the competence of health care professionals.

**Business Associates:** Certain services are provided in our organization through contracts with business associates. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. Some examples include CPA firms whose accounting services involve access to protected health information, healthcare clearinghouses that transmit claims on our behalf, independent medical transcriptionists who type medical reports, or a copy service we use to make copies of your health record. To protect your privacy, we require each business associate to sign an agreement that obligates the business associate to use appropriate safeguards to protect your health information.

**Funeral Directors and Medical Examiners:** Consistent with applicable law, we may use and disclose your health information to funeral directors and medical examiners in the event of your death.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

**Future Communications:** We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our facilities are participating.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law. This may include, but is not limited to requests from the following types of entities: 1) Food and Drug Administration; 2) Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability; 3) Governmental Authority which by law receives the reports of child abuse and neglect; 4) Protective Services for Victims of Abuse, Neglect or Domestic Violence; 5) Correctional Institutions; 6) Workers Compensation Agents; 7) Organ and Tissue Donation Organizations; 8) Military Command Authorities; 9) Health Oversight Agencies; 10) National Security and Intelligence Agencies; 11) Protective Services for the President and Others.

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**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. This may include leaving a message on your answering machine/ voice mail.

**Fundraising Activities:** We may use health information about you in an effort to raise money for Doctors' Memorial Hospital. and its operations. We may disclose certain information to the DMH Foundation so that the Foundation may raise money for the hospital. You have the right to request (opt-out) that we not contact you for fund raising efforts. **If you do not want to be contacted for fundraising efforts, you must notify our Privacy Officer by phone or in writing at the number or address on the last page.**

**Affiliated Covered Entities:** Protected health information will be made available to personnel at all facilities affiliated with and managed by Doctors' Memorial Hospital as necessary to carry out treatment, payment, and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. **Please contact the DMH Privacy Officer for further information on the specific sites which are affiliated with DMH.**

**Organized Health Care Arrangement:** Our facilities and their medical staff members share an organized health care arrangement. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

## 2. Uses and Disclosures of Your Health Information Which DO Require That You Have the Opportunity to Object or Agree

We may disclose the following kinds of health information about you, if you are informed in advance of the use and disclosure, and you have had the opportunity to agree to or prohibit or restrict the use and disclosure of this information. We may inform you verbally or in writing of these types of uses and disclosures, and you may agree or object verbally or in writing to these uses and disclosures.

**Directory:** We may include certain limited information about you in our facility directory while you are a patient here. This information may include your name and location, (whether an inpatient, outpatient, or Emergency Center patient.) It may also include your general condition (e.g. fair, stable, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. **If you do not want to be included in the directory, please advise the Registration staff.**

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who is responsible for or who helps pay for your care. In addition, we may disclose health 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.

## 3. Uses and Disclosures of Your Health Information Which Require Your Authorization

The following uses and disclosures will be made only with your written permission: 1) Most uses and disclosures of psychotherapy notes; 2) Disclosures that constitute the sale of your protected health information; 3) Uses and disclosures for marketing purposes.

## D. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Your medical record is the physical property of the healthcare practitioner or facility that compiled it; however **you have the right to:**

**Inspect and Copy:** You have the right to inspect and obtain a 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. **To inspect and obtain a copy your medical information, you must submit your request in writing to our Privacy Officer or our Director, Medical Records at the address at the end of this notice.**

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 circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional selected by Doctors' Memorial Hospital will review your request and the denial. We will comply with the outcome of the review.

**Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. **To request an amendment, your request must be made in writing and submitted to our Privacy Officer.** In addition, you must provide a reason that supports your request. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**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 where an authorization was not required. **To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer.**

**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 surgery you had. With the exception of "Out-of-Pocket Payments," described below, 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 our 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. Restrictions may be terminated upon your

oral or written agreement, your written request or upon you receiving a notice from us that we are terminating the agreement to a restriction.

To request restrictions regarding your presence and/or location in the facility, you must make this known when you register or check-in as a patient.

**Out-of-Pocket Payments:** If you prefer that we not bill your health plan for a specific item or service and you have timely paid out-of-pocket in full for that specific item or service, then you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request. Your request to limit disclosure in this way must be submitted in writing.

**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 may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means **only if the request is submitted in writing to our Privacy Officer.** We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

**Notification of a Breach:** You have the right to be notified of any breach of your unsecured protected health information.

**A Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website [www.doctorsmemorial.com](http://www.doctorsmemorial.com). **To obtain a paper copy of this notice, please request one when you register or check-in as a patient or contact our Privacy Officer.**

## E. OTHER USES OF MEDICAL INFORMATION WHICH REQUIRE YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing to our Privacy Officer, 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 permission, and that we are required to retain our records of the care that we provided to you.

## F. 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 facility and include the effective date. You have the right to obtain a copy of the revised notice upon request.

## G. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the DMH Risk Manager at the address below 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.**

## H. DOCTORS' MEMORIAL HEALTHCARE PRIVACY OFFICER

You may contact the DMH Privacy Officer at 850-584-0840. Written requests or inquiries may be sent to:  
Privacy Officer (OR) Director, Medical Records (for record copy request) or Risk Manager (for complaints)

Doctors' Memorial Hospital  
333 N. Bryon Butler  
Pkwy  
Perry, FL 32347

Secretary of the Department of Health and Human Services  
Region IV-Office of Civil Rights  
U.S. Department of Health and Human Services  
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