NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Revised June, 2006
Revised May, 2008
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, orlandohospital.com, or you may contact the Corporate Privacy Officer by telephone at 321.483.3333, email to informationsecurity@orlandohospital.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 physicians 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 may use and disclose and how you can get access to this information. Please review it carefully.

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 of how we use and disclose that information; give you this notice of how we use and disclose that information; and tell you of possible exceptions to those uses and disclosures.

We are required by law to notify you of certain legal requirements.

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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 eye, tissue or transplantation requests 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, neglect or domestic violence; (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 of recalls of products or neglect; (g) to report child abuse, neglect or domestic violence; (h) to report animal abuse; (i) to report 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 to authorized federal or institutional law enforcement official to provide you with healthcare, to protect your 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 a copy of the 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 your medical information that is not used to make decisions about your care, you must submit a written request to our Prague office.

- **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 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.

- **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 a written request to our Prague office.

- **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 ask us to limit the disclosure of information we make 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 or friend. You have the right to make this request orally to Registration or Billing Office.

- **Right to a Paper Copy of This Notice**
  This notice is given to you to use as a guide to your rights and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It tells you about your rights and responsibilities under HIPAA, and how HIPAA affects you. This notice is not intended to be a complete description of all your rights.

- **Changes to This Notice**
  This notice states our current policies and practices. We reserve the right to make changes to this notice in the future. If we change our practices described in this notice, we will provide you with a new notice of privacy practices as soon as possible. We will also take a reasonable amount of time to implement these changes when there is a change in our practices.

- **Complaints**
  If you believe our 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 at the facility, you may call 1-855-ATK-privacy. To file a complaint with the Secretary, you may call the Secretary’s toll-free number: 1-800-368-4285 or write: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., OPHS/OC, Mailstop 10, Washington, DC 20201. There is no fee 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 by 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. We understand that you are unable to take back any disclosures that have already been made with your permission, and that we are required to retain our records of the care that we provided to you.

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 Communication**

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 request confidential communications, you will 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.

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