

Our Notice of Privacy Practices



Effective Date: July 30, 2013

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Who Will Follow This Notice

This Notice describes the privacy practices of our organization's affiliates including:

- All departments and locations of Halifax Health
- All employees, staff and other personnel of this facility
- Any healthcare professional authorized to enter information into your medical record while in this facility
- Any member of a volunteer group we allow to help you while you are being served by this facility

Our Pledge Regarding Your Health Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from us. We need this record 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 us, whether made by our personnel or doctors involved in your care.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations 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
- Notify affected individuals following a breach of unsecured protected health information
- Give you this Notice of our legal duties and privacy practices with respect to 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, we will explain what we mean and give at least one example. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will 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 other personnel 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

this may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

We may disclose medical information about you to other healthcare professionals who provide you with healthcare services or supplies as a result of an order from the doctor that is overseeing your care. For example, if your personal doctor orders tests or x-rays, we will disclose medical information to the specialists that interpret those tests or x-rays.

Different departments may also share medical information about you in order for us to provide the different things you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside the organization who may be involved in your continuing medical care after you leave the facility, such as your family doctor, specialist, another healthcare provider to whom you are referred, family members, clergy or others that provide services that are part of your care.

For Payment.

We may use and disclose medical information about you so the services you receive may be paid for by an insurance company or a third party. For example, we may need to give your health plan provider information about surgery you received so the provider will pay us or reimburse you for the surgery. We may also tell your health plan provider about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations.

We may use and disclose medical information about you for healthcare operations. This is necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific individuals 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. The information we use or disclose will be limited to the date, time and location of the appointment.

HALIFAX HEALTH

Our Notice of Privacy Practices *(continued)*

HALIFAX HEALTH



Communications About Halifax Health Affiliates, Treatment Options, Health-Related Benefits, Other Services and Fundraising.

We may use and disclose medical information to tell you about our affiliates, our services, treatment options and health-related benefits that may be of interest to you. You have the right to decline these communications. We may also use medical information about you to contact you in an effort to raise money for equipment, buildings or programs. We may disclose medical information to a foundation related to us so that the foundation may contact you in raising money for the organization. We would only release contact information, such as your name, address and telephone number and the dates you received services from us. If you do not want us to contact you for fundraising efforts, you must notify us at the address listed at the end of this Notice. *Facility Directories and Census Lists.*

We may include certain limited information about you in a facility directory or census list while you are a patient. This information may include your name, location in the facility, your general condition (for example, good, fair, serious or critical) and your religious affiliation. The directory information, except for your religious affiliation, may be released 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 do not ask for you by name. This is so your family, friends and clergy can visit you in the facility and generally know how you are doing. We will not provide directory information to the media, unless the requesting party provides your name. Media requests for interviews will be conveyed to you or a family member and handled in accordance with your or your family member's wishes. You have the right to restrict the use or disclosure of information contained in a facility directory or census list. *Video, Audio, Photographic and Radiographic Recordings.*

Video, audio, photographic and radiographic records are used in various medical procedures, such as x-rays, to record the results of those procedures. These records are considered part of your medical record just like written text, and will not be used or disclosed except as described in this Notice. Recordings made for research, or for non-medical purposes for you or family members, will only be made with your specific permission. In some cases, your doctor or the healthcare staff may restrict when and how recordings may be made. We may use video cameras in certain public areas and care units to help ensure the safety and security of individuals in our facilities. Recordings from these cameras will be used by us only to identify and correct unsafe conditions or investigate possible crimes committed on our premises.

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 helps pay for your care. We may also tell your family or friends your condition and that you are receiving care from us. In addition, we may disclose medical 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.

Research.

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a researcher may review health information to plan a research project, but only if the researcher makes certain representations to us in writing, and the information does not leave the facility unless all identifying information has been removed. Before we actually use or disclose medical information for research, the project must be approved through a special approval process. We will ask for your specific permission if the researcher will be involved in your care at our facility.

As Required by Law.

We will disclose medical information about you when required to do so by federal, state or local law. For example, Florida law requires us to report certain injuries that may have been the result of unlawful activity.

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 or another person. Any disclosure, however, would only be to someone able to respond to the threat.

Special Situations

Organ and Tissue Donation.

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.

Military and Veterans.

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.

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 Activities.

We may disclose medical information about you for public health activities. These activities generally include the prevention or control of disease, reports of births and deaths, reports of abuse or neglect, and to report problems with drugs or medical devices. We will only make these disclosures when allowed or required by law.

HALIFAX HEALTH

MEDICAL CENTER OF DAYTONA BEACH: 303 N. CLYDE MORRIS BLVD., DAYTONA BEACH, FL 32114
MEDICAL CENTER OF PORT ORANGE: 1041 DUNLAWTON AVE., PORT ORANGE, FL 32127
EMERGENCY DEPARTMENT OF DELTONA: 3300 HALIFAX CROSSINGS BLVD., DELTONA, FL 32738
TWIN LAKES SURGERY CENTER: 1890 LPGA BLVD., STE. 200, DAYTONA BEACH, FL 32117



Health Oversight Activities.

We may disclose medical information to a health oversight agency for activities authorized by law. For example, we may disclose medical information to the Florida Agency for Health Care Administration, which oversees hospitals in the state. Oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government-sponsored programs and compliance with civil rights laws.

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.

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 or similar request. We may also disclose limited information about the victim of a crime, a fugitive or a material witness.

Coroners, Medical Examiners and Funeral Directors.

We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about individuals to funeral directors as necessary to carry out their duties.

National Security, Intelligence Activities and Protective Services.

We may release medical information about you to authorized federal officials for national security activities authorized by law. We may also 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 to 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 healthcare; (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 Access.

You have the right to access 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 access medical information that may be used to make decisions about you, you must submit your request in writing to the address listed 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 access your information in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by management 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.

Right to Amend or Correct.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend or correct the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the address listed at the end of this Notice. 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 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 medical information kept by or for us
- Is not part of the information which you would be permitted to access
- Is already 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 medical information about you, other than for treatment, payment or healthcare operations as described above.

To request an accounting of disclosures, you must submit your request in writing to the address listed at the end of this Notice. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. 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.

HALIFAX HEALTH

MEDICAL CENTER OF DAYTONA BEACH: 303 N. CLYDE MORRIS BLVD., DAYTONA BEACH, FL 32114
MEDICAL CENTER OF PORT ORANGE: 1041 DUNLAWTON AVE., PORT ORANGE, FL 32127
EMERGENCY DEPARTMENT OF DELTONA: 3300 HALIFAX CROSSINGS BLVD., DELTONA, FL 32738
TWIN LAKES SURGERY CENTER: 1890 LPGA BLVD., STE. 200, DAYTONA BEACH, FL 32117



Right to Request Restrictions.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare 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.

We are not required to agree to your request unless the disclosure is for the purpose of carrying out payment or health care operations, it is not otherwise required by law, and the information pertains solely to an item or service for which you, or person other than a health plan on your behalf, have paid fully.

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 the address listed at the end of this Notice. 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.

To request confidential communications, you must make your request in writing to the address listed at the end of this Notice. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests.

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 are still entitled to a paper copy of this Notice.

You may obtain an electronic copy of this Notice at our website halifaxhealth.org. To obtain a paper copy of this Notice, contact us at the address on the back of this brochure.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make a 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 prominent locations in our facilities.

The Notice will contain the effective date in the heading. Each time you register for healthcare services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

Inquiries About This Notice, Exercise of Privacy Rights, and Complaints

If you have a question about this Notice, or you wish to exercise your rights described in this Notice, or you believe your privacy rights have been violated, you may contact us at:

Halifax Health
Health Information Management
303 N. Clyde Morris Blvd., Daytona Beach, FL 32114
386.254.4040

All complaints must be submitted in writing. You will not be penalized for filing a complaint. A complaint may also be filed with the U.S. Department of Health and Human Services at the following address:

U.S. Department of Health and Human Services
Atlanta Federal Center
Suite 3B70, 61 Forsyth St., SW
Atlanta, GA 30303-8909
Phone: 404.562.7886; Fax: 404.562.7881
TDD 404.331.2867

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 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. 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. Examples of uses and disclosures for which your specific written authorization is required, subject to exceptions described in the privacy regulations, include:

- Psychotherapy notes;
- Marketing; and
- Sale of protected health information

HALIFAX HEALTH

MEDICAL CENTER OF DAYTONA BEACH: 303 N. CLYDE MORRIS BLVD., DAYTONA BEACH, FL 32114
MEDICAL CENTER OF PORT ORANGE: 1041 DUNLAWTON AVE., PORT ORANGE, FL 32127
EMERGENCY DEPARTMENT OF DELTONA: 3300 HALIFAX CROSSINGS BLVD., DELTONA, FL 32738
TWIN LAKES SURGERY CENTER: 1890 LPGA BLVD., STE. 200, DAYTONA BEACH, FL 32117

Our Notice of Privacy Practices *(continued)*

HALIFAX HEALTH



Discrimination is Against the Law

Halifax Health complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently because of the basis of race, color, national origin, age, disability, or sex.

- › Provides free aids and services to people with disabilities to provide timely and effective communication, 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 your nurse, or other patient care personnel.

If you believe that Halifax Health 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:

Halifax Health c/o ADA Coordinator
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
386.425.3000, civilrightscoordinator@halifax.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the ADA Coordinator is 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 mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW

ATTENTION: Language assistance services, free of charge, are available. Call 1.877.746.4674 (TTY 1.386.257.1700).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.746.4674 (TTY 1.386.257.1700).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.746.4674 (TTY 1.386.257.1700).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.746.4674 (TTY 1.386.257.1700).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.877.746.4674 (TTY 1.386.257.1700).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務 請致電 1.877.746.4674 (TTY 1.386.257.1700).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.746.4674 (TTY 1.386.257.1700).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.746.4674 (TTY 1.386.257.1700).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.746.4674 (TTY 1.386.257.1700).

ملحوظة: إذا لنتت تحدث انذر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.746.4674 (رقم هاتف الصمم والبكم: 1.386.257.1700).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.746.4674 (TTY 1.386.257.1700).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.746.4674 (TTY 1.386.257.1700).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.746.4674 (TTY 1.386.257.1700) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.746.4674 (TTY 1.386.257.1700).

ଧନା: ଓଡ଼ି ଚଳି ଉପରା ଓଡ଼ି, ନି ନି: ବୁଦ୍ଧି ଭାଷା ସାହାଯ୍ୟ ସେବା ନିମନ୍ତେ ମମାରି ମାତ୍ର ଉପସଂହୃତ୍ତ ଯ. ଡିନେ କ୍ରି 1.877.746.4674 (TTY 1.386.257.1700).

เรียน: ถ้าพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1.877.746.4674 (TTY 1.386.257.1700).

HALIFAX HEALTH

MEDICAL CENTER OF DAYTONA BEACH: 303 N. CLYDE MORRIS BLVD., DAYTONA BEACH, FL 32114
MEDICAL CENTER OF PORT ORANGE: 1041 DUNLAWTON AVE., PORT ORANGE, FL 32127
EMERGENCY DEPARTMENT OF DELTONA: 3300 HALIFAX CROSSINGS BLVD., DELTONA, FL 32738
TWIN LAKES SURGERY CENTER: 1890 LPGA BLVD., STE. 200, DAYTONA BEACH, FL 32117