

Your rights:

You have the following rights regarding Health Information we maintain about you:

- a) Right to Inspect and Copy.** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care.
- b) Right to Amend.** If you feel that the Health Information we have 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 us. You must tell us the reason for your request.
- c) Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of Health Information we made.
- d) Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment or healthcare operations. Please note that we will not grant requests for restrictions that pertain to your treatment. In addition, you 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, such as a family member or friend. For example, you could ask that we not share information about your surgery with your spouse or that we not share information with your insurance company if you choose to pay for your service. We are not required to agree to your request. If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.
- e) 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 contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- f) 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 a copy of this notice at the Baptist Health website, *BaptistHealth.net*, or, if you are a Baptist Health employee, on the Baptist Health Sun intranet.

How to exercise your rights:

To exercise your rights described in this notice (other than to obtain a copy of this notice), please contact our Chief Privacy Officer at the following address:

Chief Privacy Officer, Baptist Health South Florida,
6855 Red Road, Coral Gables, FL 33143; or email
Privacy@BaptistHealth.net; or contact the Baptist Health
Privacy Hotline at **786-596-8850**.

You may also contact **Patient and Guest Services** at any one of the following addresses:

Baptist Hospital of Miami, Baptist Children’s Hospital Baptist
Cardiac & Vascular Institute Baptist Cardiac & Vascular
Institute, **786-596-6527**
8900 North Kendall Drive, Miami, FL 33176

- West Kendall Baptist Hospital, **786-467-2107**
9555 SW 162 Avenue, Miami, FL 33196
- South Miami Hospital, **786-662-5046**
6200 SW 73 Street, South Miami, FL 33143
- Doctors Hospital, **786-308-3193**
5000 University Drive, Coral Gables, FL 33146
- Homestead Hospital, **786-243-8057**
975 Baptist Way, Homestead, FL 33030
- Mariners Hospital, **305-434-1646**
91500 Overseas Highway, Tavernier, FL 33070
- Baptist Outpatient Services, Baptist Health Home Care,
Baptist Surgery & Endoscopy Centers, Galloway Endoscopy
Center, Baptist Endoscopy Center at Coral Springs, Baptist
Sleep Centers of South Florida, Baptist Sleep Center at
Galloway, **786-596-3750**
1500 Monza Avenue, Coral Gables, FL 33146
- Medical Arts Surgery Center at Baptist, **786-596-3750**
8940 North Kendall Drive, Miami, FL 33176
- Medical Arts Surgery Center at South Miami, **786-596-3750**
6200 Sunset Drive, Suite 200, Miami, FL 33143
- Baptist Health Medical Group, 6855 Red Road, **786-596-8850**
Suite 200, Coral Gables, FL 33143

Complaints and questions:

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Chief Privacy Officer at the address listed above. You will not be penalized for filing a complaint. If you have any questions about this notice, please contact our Chief Privacy Officer at **786-596-8850**.

No other person, including a staff member, physician, nurse or clergy member, is authorized to accept a request to exercise your rights.

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 Health Information we already have as well as for any information we receive in the future. We will post a copy of the current notice at these Baptist Health facilities. The notice will contain the effective date on the first page, in the top right-hand corner.



**Notice of
Privacy Practices**



(Effective date: January 1, 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.

When this notice applies:

This notice summarizes the privacy practices of Baptist Hospital of Miami, Baptist Cardiac & Vascular Institute, Baptist Children's Hospital, Doctors Hospital, Homestead Hospital, Mariners Hospital, South Miami Hospital, West Kendall Baptist Hospital, Baptist Outpatient Services, Baptist Health Home Care, Baptist Surgery & Endoscopy Centers, which includes Medical Arts Surgery Center at South Miami, Galloway Endoscopy Center, and Baptist Endoscopy Center at Coral Springs, Medical Arts Surgery Center at Baptist, Baptist Sleep Centers of South Florida, Baptist Sleep Center at Galloway, Baptist Health Medical Group and the medical staffs and personnel who provide you with care or services at these Baptist Health facilities. In addition, we may share information with each other for purposes described in this notice, including for our joint healthcare operations activities.

Our obligations:

We have a long-standing commitment to protecting the privacy rights of our patients. In keeping with this commitment, and as required by law, we:

- Obtain your consent to use and disclose records about your health and healthcare;
- Maintain the privacy of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice of privacy practices that are currently in effect.

How we may use and disclose Health Information:

When you receive services or treatment at a Baptist Health facility, you will be asked to sign an acknowledgment of this notice, which describes how we use and disclose information about you in ways that are permitted by federal law. The federal law provides for significant privacy protections of health information. If you receive treatment from the Baptist Health alcohol or substance abuse program, you will receive a separate notice describing how we may use and disclose information from that program.

The following categories describe ways that we may use and disclose health information that identifies you ("Health Information"). Some of the categories include examples, but not every type of use or disclosure of Health Information in a category is listed. Except for the purposes described below, we will use and disclose Health Information only with additional written permission from you. If you give us permission to use or disclose Health Information for a purpose not discussed in this notice, you may revoke that permission at any time by sending a written request to our Chief Privacy Officer at the address listed at the end of this notice.

a) For Treatment. We may use Health Information to treat you or provide you with healthcare services. We may disclose Health Information to doctors, nurses, technicians or other personnel, including people outside our facility who may be involved in your medical care. For example, we may tell your primary care physician about the care we provided you or give Health

Information to a specialist to provide you with additional services.

b) For Payment. We may use and disclose Health Information so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you receive. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

c) For Healthcare Operations. We may use and disclose Health Information for healthcare operations and administrative purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is of the highest quality, or we may post in employee areas thank-you notes or pictures that you send us.

d) Appointment Reminders, Treatment Alternatives and Health-related Benefits and Services. We may use and disclose Health Information to contact you as a reminder that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

e) Fundraising Activities. We may use certain limited Health Information to contact you in the future to raise money for us. We also may provide this information to our Foundation, for the same purpose. The money raised will be used to expand and improve the clinical services and programs we provide the community.

f) Facility Directory. We may list your name, general condition (e.g., fair, critical) and location in our directory, unless you ask us not to. We may disclose this information to anyone who asks for you by name.

g) Pastoral Care. We may disclose the information in our facility directory and information that you provide us regarding your religious affiliation to members of the clergy for use and disclosure in their religious activities. In addition, where you elect to receive individualized spiritual services from a member of our Pastoral Care department, the clergy member may use Health Information to provide you with such services.

h) Individuals Involved in Your Care or Payment for Your Care. We may disclose Health Information to a person, such as a family member or friend, who is involved in your medical care or who helps pay for your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

i) Research. Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, though, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the

need for privacy of Health Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information with them.

SPECIAL CIRCUMSTANCES

j) As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

k) To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

l) Business Associates. We may disclose Health Information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

m) Organ and Tissue Donation. We may release Health 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.

n) HIV Test Results. If you received an HIV test and did not give us permission to use and disclose the results, we will use and disclose the results of HIV tests that identify you only: (1) to provide you with healthcare services (for example, we may tell a specialist about your HIV status so the specialist can treat you); (2) when compiling or reviewing your records as part of routine billing; (3) if necessary, to enable us to protect the quality of our services (for example, we may disclose HIV test results to our committees to monitor and evaluate our programs); (4) to child-placing or child-care agencies, family foster homes, residential facilities or community-based care programs that are directly involved in placement, care, control or custody and that have a need to know such information; (5) to a sex- or needle-sharing partner in accordance with the law; (6) in accordance with a court order that specifically requires us to release HIV test results; and (7) in connection with organ donation.

o) Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

p) Workers' Compensation. We may disclose Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

q) Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been

exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will release this information only if you agree or when we are required or authorized by law.

r) Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure as well as quarterly reports to the Agency for Healthcare Administration. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

s) Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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.

t) Law Enforcement. We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) 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.

u) Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

v) National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

w) Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

x) Inmates or Individuals in Custody. In the case of inmates of a correctional institution or those who are under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if 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.