

### Right to Receive Confidential Communications

Patients have the right to request that we communicate with them about medical matters in a certain way or at a certain location. For example, patients can ask that we only contact them at work or by mail.

To request confidential communications, patients must make a request in writing to the Health Information Management Department. We will not ask patients the reason for the request. We will make efforts to accommodate all reasonable requests. A request must specify how or where they wish to be contacted.

**Right to Inspect and Copy** Patients have the right to inspect and copy medical information that may be used to make decisions about a patient's care for as long as the information is kept by or for Bethesda. Usually, this includes medical and billing records, but does not include psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; or protected health information held by clinical laboratories if prohibited by the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

To inspect and copy medical information that may be used to make decisions about patients, patients must submit a request in writing to the Health Information Management Department. If patients request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with a patient's request.

We may deny a patient's request to inspect and copy information in certain very limited circumstances. For example, if the patient is under the direct care and supervision of Bethesda and the licensed clinician determines that a review or inspection of the medical record may upset or harm the patient, the request can be denied. If patients are denied access to medical information, patients may request that the denial be reviewed. Another licensed healthcare professional chosen by Bethesda will review a patient's request and the denial. The person conducting the review will not be the person who denied a patient's request. We will comply with the outcome of the review.

**Right to Amend** If patients feel that medical information we have about them is incorrect or incomplete, patients may ask us to amend the information. Patients have the right to request an amendment for as long as the information is kept by or for Bethesda.

To request an amendment, a patient's request must be made in writing and submitted to the Health Information Management Department. In addition, patients must provide a reason that supports the request.

We may deny a patient's 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 a patient's request if patients 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 Bethesda
- Is not part of the information which patients would be permitted to inspect
- Is accurate and complete

If your request for amendment is denied, we will notify you in writing along with the reasons for denial.

**Right to an Accounting of Disclosures** Patients have the right to request an "accounting of disclosures." This is a list of the disclosures that we made of medical information about patients beyond the uses and disclosures described in this notice. To request this list or accounting of disclosures, patients must submit a request in writing to the Health Information Management Department. A patient's request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. A patient's request should indicate in what form patients want the list (for example, on paper or electronically). The first list patients request within a 12-month period will be free. For additional lists, we may charge patients for the costs of providing the list. We will notify patients of the cost involved and patients may choose to withdraw or modify a request at that time before any costs are incurred. All requests will receive a response within 60 days.

**Right to a Paper Copy of this notice** Patients have the right to a paper copy of this notice. Patients may ask us for a copy of this notice at any time. Even if patients have agreed to receive this notice electronically, patients are still entitled to a paper copy of this notice.

Patients may obtain a copy of this notice at our web site, [www.bethesdahealthcare.com](http://www.bethesdahealthcare.com) or by requesting a paper copy of this notice, from the Health Information Management Department at extension 4271.

### COMPLAINTS

If a patient believes their privacy rights have been violated, patients may file a complaint with Bethesda or with the Secretary of the United States Department of Health and Human Services (HHS). To file a complaint with Bethesda, submit the complaint in writing to our Privacy Officer (Executive Vice President) or call extension 4400. To file a complaint with the Secretary of HHS, the patient must contact the Office for Civil Rights directly (see Contact Information below).

***Patients will not be penalized for filing a complaint. Bethesda is committed to protecting an individual's rights under HIPAA and at no point will require an individual to waive their right to file a complaint as a condition of the provision of treatment.***

### IMPORTANT CONTACT INFORMATION

**Bethesda Privacy Officer**  
Roger Kirk, Executive Vice President  
2815 S. Seacrest Blvd.  
Boynton Beach, FL 33435  
(561) 737-7733 ext. 84400  
[roger.kirk@bethesdahealthcare.com](mailto:roger.kirk@bethesdahealthcare.com)

**Health Information Management Dept.**  
Linda Barbian, Director  
2815 S. Seacrest Blvd.  
Boynton Beach, FL 33435  
(561) 737-7733 ext. 84734  
[linda.barbian@bethesdahealthcare.com](mailto:linda.barbian@bethesdahealthcare.com)

**U.S. Department of Health and Human Services (HHS)**  
**Office for Civil Rights (OCR)**  
Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Roosevelt Freeman, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice Phone (404) 562-7886  
FAX (404) 562-7881  
TDD (404) 331-2867  
<http://www.hhs.gov/ocr/>

### Bethesda Healthcare System



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## Notice of Privacy Practices

**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.**

Bethesda's mission is to provide quality health services in a caring manner. This includes taking measures to protect the confidentiality of your personal health information. This notice applies to all facilities operated by the Bethesda Healthcare System.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and relate to your past, present or future physical or mental health or condition and related healthcare services.

We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information we maintain at that time. You may obtain the latest Notice of Privacy Practices by accessing our web site, [www.bethesdahealthcare.com](http://www.bethesdahealthcare.com), or by contacting our Health Information Management Department at extension 4271 and requesting a revised copy be sent to you in the mail, or by asking for a copy at the time of your next appointment.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT PATIENTS

The following categories describe different ways that we use and disclose medical information. 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 patients to provide patients with medical treatment or services. We may disclose medical information about patients to doctors, nurses, technicians, medical

students, or other personnel who are involved in taking care of patients at Bethesda. For example, a doctor treating a patient for a broken leg may need to know if the patient has diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if the patient has diabetes so we can arrange for appropriate meals. Different departments of Bethesda also may share medical information about patients in order to coordinate the different things patient's need, such as prescriptions, lab work and x-rays. We also may disclose medical information about your condition to a physician or other healthcare provider (e.g. a specialist or home care agency) who, at the request of your physician, becomes involved in your care.

**For Payment** We may use and disclose medical information to obtain payment for treatment and services provided by Bethesda to patients, from an insurance company or other third party. For example, we may need to give a patient's health plan information about a surgical procedure performed at Bethesda so the patient's health plan will pay us or reimburse the patient for the costs of the surgery. We may also tell a patient's health plan about a treatment that patients are going to receive, to obtain prior approval or to determine whether a patient's plan will cover the costs of the treatment.

**For Healthcare Operations** We may use and disclose medical information about patients in order to support the business activities of Bethesda. These uses and disclosures are necessary to run our treatment facilities and make sure 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 patients. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain 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 healthcare providers to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies patients from this set of medical information so they may, without learning who the specific patients are, use it to study healthcare and healthcare delivery.

In the course of providing treatment, pursuing payment or operating our facilities, we may use or disclose your health information for the following purposes:

**Appointment Reminder** To contact patient's who have an appointment for treatment or medical care at Bethesda.

**Treatment Alternatives** To tell patients about or recommend possible treatment options or alternatives that may be of interest to patients.

**Health-Related Benefits and Services** To tell patients about health-related benefits or services that may be of interest to patients.

**Fundraising Activities** Bethesda Memorial Hospital is a not-for-profit organization that receives partial funding through the generosity of its benefactors. We may share limited contact information, such as your name, address and dates of service, with our Bethesda Foundation, who may contact you to participate in our fundraising activities. If you are not interested in participating in our fundraising activities, you must notify the privacy officer (see contact information below).

**Hospital Directory** We may include certain limited information about patients in the hospital directory while patients are in the hospital. This information may include a patient's name, location in the hospital, a patient's general condition (e.g. fair, stable, etc.) and a patient's religious affiliation. The directory information, except for a patient's religious affiliation, may also be released to people who ask for patients by name. A patient's religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for patients by name. This is so a patient's family, friends and clergy can visit patients in the Hospital and generally know how patients are doing.

**Individuals Involved in a Patient's Care or Payment for a Patient's Care** We may release medical information about a patient to a friend or family member who is involved in a patient's medical care. We may also give information to someone who helps pay for a patient's care. We may also tell a patient's family or friends the patient's condition and verify that the patient is at Bethesda. In addition, we may disclose medical information about a patient to an entity assisting in a disaster relief effort so that a patient's family can be notified about a patient's condition, status and location.

**Research** Under certain circumstances, we may use and disclose medical information about patients for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those receiving another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about patients to people preparing to conduct a research project. For example, to help the researchers look for patients with specific medical needs, so long as the medical information they review does not leave Bethesda and is subject to Bethesda's confidentiality policies. We almost always ask for a patient's specific permission if the researcher will have access to a patient's name, address or other information that reveals who patients are, or will be involved in a patient's care at Bethesda.

**As Required By Law** We will disclose medical information about patients when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** We may use and disclose medical information about a patient when necessary to prevent a serious threat to a patient's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**SPECIAL SITUATIONS** The following special situations may result in additional uses and disclosures of health information by Bethesda:

**Organ and Tissue Donation** If patients are organ donors, 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.

**Military and Veterans** If a patient is a member of the armed forces, we may release medical information about that patient 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 patients for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks** We may disclose medical information about patients for public health activities. 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 the patient agrees or when required by law.

**Health Oversight Activities** 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 healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes** If patients are involved in a lawsuit or a dispute, we may disclose medical information about patients in response to a court or administrative order. We may also disclose medical information about patients in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**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 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 Bethesda
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime
- To Children and Family Services

## **Coroners, Medical Examiners and Funeral 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 Bethesda to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release medical information about patients to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others** We may disclose medical information about patients to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates** If a patient is an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about the patient to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide patients with healthcare; (2) to protect a patient's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **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 a patient's written permission. If patients provide us permission to use or disclose their medical information, patients may revoke that permission, in writing, at any time. If patients revoke their permission, we will no longer use or disclose medical information about patients for the reasons covered by the original written authorization. Patients understand we are unable to take back any disclosures we have already made with a patient's permission, and we are required to retain our records of the care we provided to patients.

## **PATIENT RIGHTS**

Patients have the following rights regarding medical information maintained by Bethesda.

**Right to Request Restrictions** Patients may request a restriction or limitation on the medical information we use or disclose about patients for treatment, payment or healthcare operations. Patients also may request a limit on the medical information we disclose about patients to someone who is involved in a patient's care or the payment for a patient's care, like a family member or friend. For example, patients could ask that we not use or disclose information about a surgical procedure performed on the patient.

We are not required to agree to a patient's request. If we do agree, we will comply with a patient's request for restriction of use and disclosure.