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BAPTIST OCCUPATIONAL HEALTH

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

Each time you receive care or treatment at Baptist Occupational Health (“BOH”), a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice is provided to inform you regarding (i) how the BOH physician(s) and staff may use or disclose medical information about you, (ii) with whom medical information about you may be shared, (iii) the safeguards BOH has in place to protect medical information about you and (iv) your rights to access and amend medical information about you.

BOH is required to maintain the privacy of medical information about you and abide by the terms of this Notice (or the version currently in effect). BOH reserves the right, however, to change this Notice in the future. Its effective date is noted at the top of this first page. BOH reserves the right to make the revised or changed notice effective for health information it already has about you as well as any information it receives in the future. You may obtain a copy of the current version of this Notice at any time in the future by accessing the Baptist Health website at www.e-baptisthealth.com, contacting the BOH Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next visit to BOH.

You will be asked to provide a signed acknowledgment of receipt of this Notice. Since BOH’s intent is to make you aware of the possible uses and disclosures of medical information about you and your privacy rights, the delivery of your health care services will in no way be conditioned upon your signed acknowledgment of this Notice. If you decline to provide a signed acknowledgment, BOH will continue to provide your treatment and will use and disclose medical information about you to the extent permitted by applicable law.

USE AND DISCLOSURE OF MEDICAL INFORMATION ABOUT YOU

For Treatment: BOH may use medical information about you, as needed, to provide treatment or services to you. BOH may disclose medical information about you to doctors, nurses, technicians, medical students or other individuals who are involved in taking care of you. For example, a BOH physician treating you for a broken leg may want to refer you to a specialist, such as an orthopedic surgeon, and if so will need to release information about your condition to such specialist. BOH may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you in the future.

For Payment: BOH may use and disclose medical information about you, as needed, to bill and collect payment from you, your insurance company or a third party payer for care or treatment rendered to you. For example, BOH may need to give your insurance company information about your visit so that it will pay BOH or reimburse you for treatment provided by BOH in connection with such visit, or BOH may need to give a consulting specialist information about you so that he or she can bill your insurance company for his or her professional services in connection with such consultation. BOH may also tell your health plan about treatment you are going to receive to determine whether your plan will cover the cost of it.

For Healthcare Operations: BOH may use and disclose medical information about you, as needed, to support the daily activities related to its healthcare services. These activities include, but are not limited to, quality assessment activities, oversight of staff performance, healthcare education, licensing, fundraising, communications about a product or service, and conducting or arranging for other healthcare-related activities. For example, BOH may disclose medical information about you to medical school students observing patients at BOH, may call you by name in a waiting room when the physician or other provider is ready to see you, and may use or disclose medical information about you, as necessary, to contact you to remind you of an appointment.

BOH may share medical information about you, as needed, with independent “business associates” who perform various activities (for example, billing services or transcriptionists) for BOH. BOH’s business associates will also be required to protect any medical information BOH provides about you. BOH may also use or disclose medical information about you, as needed, to provide you

with information about treatment alternatives or other health-related benefits and services that might be of interest to you. For example, your name and address may be used to send you a newsletter about BOH and the services it offers or to send you information about products or services that BOH believes might benefit you.

BOH may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information about you that directly relates to that person's involvement in your care. BOH may also disclose information to someone who helps pay for your care. BOH may use or disclose medical information about you to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. BOH may use or disclose medical information about you to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

As Required by Law: BOH may use or disclose medical information about you to the extent permitted or required by applicable law.

For Public Health: BOH may disclose medical information about you to a public health authority who is permitted by law to collect or receive such information. Such disclosure may be necessary to do the following:

- 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 a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Notify the appropriate government authority if BOH believes a patient has been the victim of abuse, neglect, or domestic violence.

Regarding Communicable Disease: BOH may disclose medical information about you, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight: BOH may disclose medical information about you to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies may include State and federal government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

For Product Tracking: BOH may disclose medical information about you to a person or company required by the Food and Drug Administration (FDA) to do the following:

- Report adverse events, product defects, or problems and biologic product deviations;
- Track products;
- Enable product recalls;
- Make repairs or replacements; or
- Conduct required post-marketing surveillance.

In Legal Proceedings: BOH may disclose medical information about you during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

For Law Enforcement: BOH may disclose medical information about you for law enforcement purposes, including the following:

- Responses to legal proceedings;
- Information requests for identification and location;
- Circumstances pertaining to victims of a crime;
- Deaths suspected from criminal conduct;
- Crimes occurring at BOH; or
- Medical emergencies believed to result from criminal conduct.

To Coroners, Funeral Directors and Organ Procurement Organizations: BOH may disclose medical information about you to coroners or medical examiners for identification, to determine the cause of death or for the performance of other duties authorized by law. BOH may also disclose medical information about you to funeral directors, and to organ procurement organizations to facilitate cadaveric organ, eye, or tissue donations.

For Research: BOH may use medical information about you or disclose medical information about you to researchers when authorized by law. For example, BOH may disclose information about you to a researcher pursuant to an institutional review board (IRB) or privacy board approved protocol or retrospective review request that has been determined to pose minimal risk to your privacy.

For Health, Safety and National Security: BOH may disclose medical information about you, in accordance with State and/or federal law, if it believes that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. BOH may disclose medical information about you if it is necessary for law enforcement authorities to identify or apprehend an individual. BOH may also disclose medical information about you to authorized federal officials for conducting national security and intelligence activities.

Regarding Workers' Compensation: BOH may disclose medical information about you to comply with workers' compensation laws and other similar legally-established programs.

Regarding Inmates: If you are an inmate of a correctional facility, BOH may use or disclose medical information about you to such facility.

NOTE: Sexually-transmissible disease-related information (including HIV and AIDS), genetic information, alcohol and/or substance abuse information, mental health information and other specially protected health information may be subject to additional confidentiality protections under applicable State and federal law. Any uses or disclosures of these types of information will be subject to any such additional protections.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You may exercise the following rights by submitting a written request to the BOH Privacy Officer. Please be aware, however, that BOH might deny your request, when legally permitted to do so.

Right to Inspect and Copy: For as long as BOH maintains medical information about you, you may inspect and obtain (for a reasonable, cost-based fee) a copy of medical information about you contained in certain medical and billing records maintained by BOH. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and medical information about you that is subject to a law that prohibits access to medical information about you.

Right to Request Restrictions: You may ask BOH not to use or disclose medical information about you for treatment, payment, or health care operations (as described in this Notice). Your request must be submitted in writing to the BOH Privacy Officer. In your request, you must specifically state (i) what information you want restricted; (ii) whether you want to restrict BOH's use, disclosure, or both; (iii) to whom you want the restriction to apply, for example, disclosures to your spouse; and (iv) an expiration date. If BOH believes that the restriction is not in the best interest of either party, or BOH cannot reasonably accommodate your request, BOH is not required to agree. If the restriction is agreed to by BOH, BOH will not use or disclose medical information about you in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications: You may request that BOH communicate with you using alternative means (e.g., e-mail) or at an alternative location (e.g., post office box). BOH will not ask you the reason for your request, and will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information BOH maintains about you is incorrect or incomplete, you may request an amendment to such information. While BOH will accept requests for amendment, BOH is not legally required to agree to an amendment.

Right to an Accounting of Certain Disclosures: You may request that BOH provide you with an accounting of certain disclosures it has made of medical information about you. This right applies to disclosures made for purposes other than treatment, payment or health care operations (as described in this Notice). To be accountable, the disclosure must have been made after April 14, 2003 and no more than 6 years from the date of your request. This right excludes disclosures made to you, for a BOH directory, to family members or friends involved in your care or for notifications required by law (including disclosures for law enforcement, national security or intelligence purposes). The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this Notice (or the version currently in effect) from BOH or view it electronically via the Baptist Health website at www.e-baptisthealth.com.

PRIVACY LAWS

This Notice is provided to you as a requirement of the rules created under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). There are several other State and federal privacy laws that also apply to medical information about you including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. To the extent not preempted by HIPAA, BOH has taken such laws into consideration in developing its privacy policies and this Notice.

COMPLAINTS

If you believe BOH has failed to comply with this Notice or that BOH has violated these privacy rights, you may file a written complaint with the BOH Privacy Officer or the Department of Health and Human Services. BOH will not retaliate against you for filing a complaint.

CONTACT INFORMATION

You may contact the BOH Privacy Officer for further information about the complaint process or for further explanation of this document. The BOH Privacy Officer (or his designee) may be contacted at:

Baptist Occupational Health Privacy Officer
1325 San Marco Boulevard, Suite 902
Jacksonville, Florida 32207
(904)202-HIPA (4472) *telephone*
(904)202-4094 *facsimile*