



## **NOTICE OF PRIVACY PRACTICES**

*Effective Date: April 12, 2008*

**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 contact:*

St. Vincent's HealthCare Privacy Office

P.O. Box 2982

Jacksonville, Florida 32203

(904) 308-4477

### **OUR PLEDGE REGARDING HEALTH INFORMATION.**

St. Vincent's HealthCare ("SVHC") is committed to protecting the privacy of health information. "Protected health information," or "PHI," includes information that SVHC has created or received about your past, present, or future health or condition, the provision of health care to you, or payment for health care services that may be used to identify you. This Notice applies to all the records of your care generated or maintained at SVHC. SVHC is required by law to maintain that privacy and to provide you this Notice. This Notice is provided to inform you about: (i) the ways SVHC may use and disclose PHI; (ii) your rights regarding PHI; and (iii) certain obligations SVHC has regarding the use and disclosure of PHI. SVHC is required to abide by the terms of the Notice currently in effect. However, SVHC reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to the PHI SVHC already has. SVHC will promptly post any new or amended versions of this Notice. This Notice will always contain an effective date on the top of the first page.

### **WHO WILL FOLLOW THIS NOTICE.**

This Notice applies to the following entities that are affiliated with SVHC, and for purposes of this Notice, these entities are referred to collectively as SVHC:

**St. Vincent's Medical Center  
St. Luke's Hospital**

**St. Vincent's Ambulatory Care  
St. Catherine Labouré Manor**

This Notice also applies to independent health care providers, including doctors and their employees, who participate in your care at SVHC. These independent health care providers are not agents or employees of SVHC, and they are solely responsible for the health care services they provide and for their compliance with privacy laws. They are included in this Notice so SVHC and they may share PHI with each other as allowed by law, as necessary to carry out treatment, payment, and health care operations, and to simplify the process of informing you about your rights with respect to PHI. They may use and disclose PHI in accordance with the terms of this Notice to the same extent as SVHC. These independent health care providers may have different policies or notices regarding their use and disclosure of your medical information generated or maintained at their own offices or clinics.

### **HOW SVHC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

Following are some descriptions and examples of different ways SVHC may use and disclose PHI. Not every use or disclosure of PHI is listed below. However, all the ways SVHC is permitted to use and disclose information will fall within one of these categories. For purposes of this Notice, PHI includes information about mental health, sexually-transmissible diseases (including HIV and AIDS), alcohol and substance abuse, and other information that may be subject to additional confidentiality provisions of federal or state law.

**Treatment.** SVHC may use PHI to provide you with medical treatment or services. SVHC may disclose PHI to, and obtain information from, doctors, nurses, medical technicians, students, and other health care personnel who are involved in taking care of you at SVHC or at other facilities. For example, a doctor treating you for a broken leg may need to know if you have

diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell a dietitian if you have diabetes so you can receive appropriate meals. Different departments of SVHC also may share PHI in order to coordinate the tests, care, and treatment you need, such as prescriptions, lab work, and x-rays. SVHC also may disclose health information about you to people outside SVHC who may be involved in your medical care, such as family members, clergy, or others used to provide services that are part of your care.

**Payment.** SVHC may use and disclose PHI so the treatment and services you receive at SVHC may be billed to and payment may be collected from you, an insurance company, or a third party. For example, SVHC may need to give your health plan information about surgery you received so your health plan will pay SVHC or reimburse you for the surgery. SVHC may also 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.

**Health Care Operations.** SVHC may use and disclose PHI for SVHC operations. These uses and disclosures are necessary to run SVHC and make sure patients receive quality care. For example, SVHC may use and disclose PHI to: (i) review treatment and services and to evaluate the performance of staff in caring for you; (ii) compile data to decide what additional services SVHC should offer, what services are not needed, and whether certain new treatments are effective; (iii) educate doctors, nurses, medical technicians, students, and SVHC personnel; and (iv) compare SVHC statistics to other local, state, and national healthcare facilities to see how SVHC is doing and where SVHC can make improvements in care and services. SVHC may remove information that identifies you so others may use PHI to study health care and health care delivery without learning patient specific information.

**Appointment Reminders, Treatment Alternatives, and Services.** SVHC may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care or to tell you about possible treatment options, treatment alternatives, or health-related benefits or services that may be of interest to you. If you do not want SVHC to contact you for these purposes, you must notify the Privacy Office in writing.

**Fundraising Activities.** SVHC may use PHI to contact you in an effort to raise money for SVHC and its operations. SVHC may disclose PHI to a foundation related to SVHC so the foundation may contact you in raising money for SVHC. SVHC would only release contact information such as your name, address, and phone number. If you do not want SVHC to contact you for fundraising efforts, you must notify the Privacy Office in writing.

**Facility Directory.** SVHC may include certain limited information about you in the SVHC facility directory while you are a patient at SVHC. This information may include your name, location in SVHC, your general condition (e.g., good, fair, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also 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 directory information may be given so your family, friends, and clergy can visit you and generally know how you are doing. If you would like to opt-out of the facility directory, please complete the opt-out form available from the admissions staff.

**Family and Friends.** SVHC may release PHI to a friend or family member who is involved in your medical care. SVHC may also give PHI to someone who helps pay for your care. SVHC may also disclose your PHI to your family or friends when, in exercising professional judgment, SVHC believes the disclosure is in your best interest. In addition, SVHC may disclose PHI to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

**Research.** Under certain circumstances, SVHC may use and disclose PHI for research purposes, if the purpose is to study morbidity and mortality of patients. Before SVHC uses or discloses PHI for research, the project must be approved through a special process that evaluates the project, its use of PHI, and its balance of research needs with patient needs for PHI privacy. SVHC may disclose PHI to people preparing to conduct a research project to help them look for patients with specific medical needs that are the subject of their research, so long as the PHI they review does not leave SVHC. Lastly, if certain criteria are met, SVHC may disclose PHI to researchers after your death when it is necessary for research purposes.

**As Required By Law.** SVHC will disclose PHI when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** SVHC may use and disclose PHI when necessary to prevent or lessen a serious threat to your health or safety or the health or safety of the public or another person.

**Organ and Tissue Donation.** SVHC may disclose PHI 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 you are a member of the armed forces, SVHC may release PHI as required by military command authorities based upon a subpoena or court order. SVHC may also release PHI about foreign military personnel to the appropriate foreign military authority based upon a subpoena or court order.

**Workers' Compensation.** SVHC may release PHI for workers' compensation or similar programs upon your consent or as authorized by applicable law.

**Public Health Purposes.** SVHC may disclose PHI for public health activities, including: (i) preventing or controlling disease, injury, or disability; (ii) reporting births and deaths; (iii) reporting reactions to medications or problems with products; (iv) notifying people of recalls of products they may be using; or (v) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading an infectious disease or condition of public health significance, subject to applicable law.

**Victims of Abuse.** SVHC may disclose PHI to notify the appropriate government authority if SVHC believes an individual has been the victim of abuse, neglect, or domestic violence. SVHC will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** SVHC may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. SVHC may also disclose PHI to federal and state agencies that regulate licenses of nurses and other health care professionals.

**Business Associates.** SVHC may disclose information to SVHC Business Associates, who are independent vendors that SVHC has contracted with to provide services for, or on behalf of, SVHC. Examples of Business Associates include companies that provide billing services, transcription of medical records, and computer maintenance.

**Health Information Networks, Organizations, and Exchanges.** SVHC may disclose PHI to, or obtain PHI from, regional health information organizations and similar networks, which are sometimes called RHIOs, for the purpose of treatment, payment, and health care operations. RHIOs are electronic health information systems that SVHC and other health care providers may participate in to facilitate providing care for you. Information contained in RHIOs may also be analyzed to improve the health care operations of SVHC and other participating facilities.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, SVHC may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute. The disclosure will be made after SVHC receives satisfactory assurance that a reasonable effort has been made either to give you notice of the request or to secure a qualified protective order.

**Law Enforcement.** SVHC may release PHI to law enforcement: (i) in response to a court or administrative order, subpoena, warrant, summons, or similar process; (ii) to report certain types of wounds or other physical injuries; (iii) to identify or locate a suspect, fugitive, material witness, or missing person; (iv) about the victim of a crime if, under certain limited circumstances, SVHC is unable to obtain the person's agreement; (v) about a death SVHC believes may be the result of criminal conduct; (vi) about criminal conduct at SVHC; or (vii) 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.

**Coroners, Medical Examiners, and Funeral Directors.** SVHC may release PHI to a coroner or medical examiner for the purposes of identifying a deceased person or determining the cause of death. SVHC may also release PHI to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** SVHC may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, SVHC may release certain PHI to the correctional institution or law enforcement official in accordance with law. This release would be necessary: (i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

## **OTHER USES OF HEALTH INFORMATION.**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to SVHC will be made only with your written authorization. You may revoke your written authorization at any time by delivering a written revocation to the Privacy Office. If you revoke your authorization, SVHC will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that SVHC is unable to take back any disclosures SVHC has already made and that SVHC is required to retain records of the care provided to you.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

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

**Right to Inspect and Copy.** In most circumstances, you have the right to inspect and copy PHI that may be used to make decisions about your care. SVHC may deny your request to inspect and copy PHI in certain circumstances. If denied, you may request that the denial be reviewed. Another licensed health care professional chosen by SVHC will review your request and the denial. SVHC will comply with the outcome of the review. In certain instances, in lieu of providing copies, SVHC may choose to provide you with a summary or explanation of the requested records. Charges for the costs of copying, mailing or other supplies with your request may apply.

**Right to Amend.** If you feel that PHI SVHC has about you is incorrect or incomplete, you have the right to ask SVHC to amend the PHI for as long as the PHI is maintained by or for SVHC. SVHC 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, SVHC may deny your request if you ask SVHC to amend information that: (i) was not created by SVHC, unless the person or entity that created the information is no longer available to make the amendment; (ii) is not part of the PHI kept by or for SVHC; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is 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 SVHC made of PHI about you. The list will not include any of the uses and disclosures for treatment, payment, and health care operations or for certain other limited reasons. Your request must state a time period that is not longer than six years prior to the date of your request and that does not include dates before April 14, 2003. Your request should indicate whether you want the list on paper or electronically. The first list you request within a 12-month period will be free. SVHC may charge you for the cost of providing additional lists. SVHC will notify you of the cost involved, and you may withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI SVHC uses or discloses about you. You also have the right to request a limit on PHI SVHC discloses about you to someone who is involved in your care or the payment for your care, like a family member or a friend.

***SVHC is not required to agree to your request.*** If SVHC does agree, SVHC will comply with your request unless the PHI is needed to provide you emergency treatment. In your request, you must tell SVHC: (i) what information you want to limit; (ii) whether you want to limit SVHC use, disclosure, or both; and (iii) to whom you want the limits to apply. You may not limit the uses and disclosures that SVHC is legally required or allowed to make.

**Right to Request Confidential Communications.** You have the right to request that SVHC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that SVHC only contact you at work or by mail. SVHC will not ask you the reason for your request. SVHC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to ask SVHC to give you a copy of this Notice at any time by contacting the Privacy Officer. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may also obtain a copy of this Notice at the SVHC website, [www.jaxhealth.com](http://www.jaxhealth.com)

## **COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint by contacting the SVHC Privacy Office, P.O. Box 2982, Jacksonville, FL 32203, (904) 308-4477. You may also contact the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.