



## NOTICE OF PRIVACY PRACTICES

*Effective Date: January 23, 2014*

**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:***

Ascension St. Vincent's Privacy Office  
P.O. Box 2982  
Jacksonville, Florida 32203  
(904) 308-4477

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

Ascension St. Vincent's ("ASV") is committed to protecting the privacy of health information. "Protected Health Information," or "PHI," includes information that ASV 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 ASV. ASV 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 ASV may use and disclose PHI; (ii) your rights regarding PHI; and (iii) certain obligations ASV has regarding the use and disclosure of PHI. ASV is required to abide by the terms of the Notice currently in effect. However, ASV reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to the PHI ASV already has. ASV 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 ASV and its wholly owned or controlled affiliates and subsidiaries that are covered entities, including but not limited to those listed below, which are referred to collectively for purposes of this Notice as ASV:

**Ascension St. Vincent's Riverside  
Ascension St. Vincent's Southside  
Ascension St. Vincent's Clay County**

**Ascension Medical Group St. Vincent's  
St. Catherine Laboure Place  
Ascension Pharmacy**

This Notice also applies to independent health care providers, including doctors and their employees, who participate in your care at ASV. These independent health care providers are not agents or employees of ASV, 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 ASV 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 ASV. 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 ASV MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

Following are some descriptions and examples of different ways ASV may use and disclose PHI. Not every use or disclosure of PHI is listed below. However, all the ways ASV 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. Any use or disclosure of PHI other than those permitted by the laws, rules, and regulations regarding patient privacy will be made only with your authorization, including most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI.

## NOTICE OF PRIVACY PRACTICES

**Treatment.** ASV may use PHI to provide you with medical treatment or services. ASV 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 ASV 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 ASV also may share PHI in order to coordinate the tests, care, and treatment you need, such as prescriptions, lab work, and x-rays. ASV also may disclose health information about you to people outside ASV 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.** ASV may use and disclose PHI so the treatment and services you receive at ASV may be billed to and payment may be collected from you, an insurance company, or a third party. For example, ASV may need to give your health plan information about surgery you received so your health plan will pay ASV or reimburse you for the surgery. ASV 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.** ASV may use and disclose PHI for ASV operations. These uses and disclosures are necessary to run ASV and make sure patients receive quality care. For example, ASV 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 ASV should offer, what services are not needed, and whether certain new treatments are effective; (iii) educate doctors, nurses, medical technicians, students, and ASV personnel; and (iv) compare ASV statistics to other local, state, and national healthcare facilities to see how ASV is doing and where ASV can make improvements in care and services. ASV 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.** ASV 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 ASV to contact you for these purposes, you must notify the Privacy Office in writing.

**Fundraising Activities.** ASV may use PHI to contact you in an effort to raise money for ASV and its operations. ASV may disclose PHI to a foundation related to ASV so the foundation may contact you in raising money for ASV. ASV would only release information as permitted by law, which might include contact information such as your name, address, and phone number, the dates you received health care, the general department in which you received treatment, the name of your physician, the outcome of your health care, and whether or not you have insurance. If you do not want ASV to contact you for fundraising efforts, you must notify the Privacy Office in writing.

**Facility Directory.** ASV may include certain limited information about you in the ASV facility directory while you are a patient at ASV. This information may include your name, location in ASV, 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.** ASV may release PHI to a friend or family member who is involved in your medical care. ASV may also give PHI to someone who helps pay for your care. ASV may also disclose your PHI to your family or friends when, in exercising professional judgment, ASV believes the disclosure is in your best interest. In addition, ASV may disclose PHI to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

## NOTICE OF PRIVACY PRACTICES

**Research.** Under certain circumstances, ASV may use and disclose PHI for research purposes, if the purpose is to study morbidity and mortality of patients. Before ASV 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. ASV 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 ASV. Lastly, if certain criteria are met, ASV may disclose PHI to researchers after your death when it is necessary for research purposes.

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

**To Avert a Serious Threat to Health or Safety.** ASV 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.** ASV 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, ASV may release PHI as required by military command authorities based upon a subpoena or court order. ASV may also release PHI about foreign military personnel to the appropriate foreign military authority based upon a subpoena or court order.

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

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

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

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

**Health Information Networks, Organizations, and Exchanges.** In an effort to provide the best care to you, Ascension Florida and its care delivery sites may participate in arrangements between health care organizations that facilitate access to health care information relevant to your care. For example, if you have an emergency and you cannot provide important information about your health, these arrangements will allow us to obtain information to treat you. Some Ascension Florida facilities participate in Health Information Exchanges that permit computer based transfer of health information directly between healthcare providers who participate in the arrangement. We may disclose your PHI to other health care providers, health plans or other health care entities, as permitted by law, through a Health Information Exchange ("HIE") in which we participate.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, ASV 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 ASV 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.

## NOTICE OF PRIVACY PRACTICES

**Law Enforcement.** ASV 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, ASV is unable to obtain the person's agreement; (v) about a death ASV believes may be the result of criminal conduct; (vi) about criminal conduct at ASV; 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.** ASV may release PHI to a coroner or medical examiner for the purposes of identifying a deceased person or determining the cause of death. ASV may also release PHI to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** ASV 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, ASV 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 ASV 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, ASV will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that ASV is unable to take back any disclosures ASV has already made and that ASV 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 ASV Privacy Officer. Please be aware, however, that ASV 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, including the right to access your PHI in an electronic format if it is readily producible in that format. ASV 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 ASV will review your request and the denial. ASV will comply with the outcome of the review. In certain instances, in lieu of providing copies, ASV may choose to provide you with a summary or explanation of the requested records. Charges for the costs of labor, copying, mailing or other supplies with your request may apply.

**Right to Amend.** If you feel that PHI ASV has about you is incorrect or incomplete, you have the right to ask ASV to amend the PHI for as long as the PHI is maintained by or for ASV. ASV 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, ASV may deny your request if you ask ASV to amend information that: (i) was not created by ASV, 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 ASV; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete.

## NOTICE OF PRIVACY PRACTICES

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of the disclosures ASV 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. ASV may charge you for the cost of providing additional lists. ASV 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 Notification of Breach of Unsecured PHI.** You have the right to be notified when there has been unauthorized acquisition, access, use, or disclosure of your PHI which compromises the security or privacy of such information.

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

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

ASV will comply with any request for restriction on disclosures of PHI to a health plan for the purpose of carrying out payment or health care operations and if the restriction applies to PHI that pertains solely to a health care item or service for which the provider has been paid out of pocket in full

**Right to Request Confidential Communications.** You have the right to request that ASV communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that ASV only contact you at work or by mail. ASV will not ask you the reason for your request. ASV 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 ASV 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 ASV 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 ASV Privacy Office, P.O. Box 2982, Jacksonville, FL 32203, (904) 308-3983. 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.