



Notice of Health Information 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.

Understanding Your Health Record / Information

This notice describes the practices of Sacred Heart Health System and that of any physician with staff privileges with respect to your protected health information created while you are a patient at Sacred Heart. Sacred Heart physicians with staff privileges, and personnel authorized to have access to your medical chart are subject to this notice. In addition, Sacred Heart and physicians with staff privileges may share medical information with each other for treatment, payment or health care operations described in this notice. Sacred Heart is an Organized Health Care Arrangement that includes:

Sacred Heart Hospital of Pensacola, Sacred Heart Hospital on the Emerald Coast, Sacred Heart Hospital on the Gulf, all members of their medical staff, Sacred Heart Medical Group, Panhandle Anesthesia Associates, P.A., Pensacola Radiology Consultants, P.A., Pediatrix Medical Group, Inc., Pensacola Lung Group, P.A., Pensacola Pathologists, P.A., University of Florida College of Medicine Internal Medicine Residency Training Program and University of Florida Pediatric and Obstetrics and Gynecology Residency Programs in Pensacola.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing;
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy;
- better understand who, what, when, where, and why others may access your health information;
- make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiles it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
- obtain a paper copy of the Notice of Health Information Practices upon request;
- inspect and copy your health record as provided for in 45 CFR 164.524;
- amend your health record as provided for in 45 CFR 164.526;

- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

This organization is required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new revisions effective for all protected health information we maintain. We will post a copy of the current notice at all locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at 5151 North 9th Ave., Pensacola, Florida, 32504, 850-416-7000.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

In an effort to provide the best care to you, Sacred Heart Health System, Inc. 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 Sacred Heart Health System, Inc. 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. If at any time a patient does not want to participate in the HIE, the patient has the option to opt-out of the exchange by completing an OPT-OUT form. A copy of the OPT-OUT form can be found by reaching out to the HIM manager or by visiting the NOPP online.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the laboratory and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This means that if your family, friends, and other persons call the hospital and ask about you by name, we will give them your general condition (good, fair, serious, critical) and your location in the hospital. If you are listed in the hospital directory, members of the news media also can receive information about your general condition. Members of the clergy who ask about you also will be able to obtain your condition, location, as well as your religious affiliation.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, or other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. In some cases, research will be conducted through a limited data set of personal health information that we maintain for research and quality improvement purposes which excludes patient names and other identifying information.

Funeral directors and medical examiners: We may disclose health information to funeral directors and medical examiners consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort. Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product effects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report births or deaths; to report child or elderly abuse or neglect.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, warrant, summons or similar process.

As required by law: We will disclose health information about you when required to do so by federal, state, or local 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 health care system, government programs, and compliance with civil right laws.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a subpoena, discovery request, administrative order, or other lawful process by someone else involved in the dispute, in accordance with applicable law.

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