



*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.**

*If you have any questions about this Notice, please contact:*

Privacy Office  
1800 Barrs Street  
Jacksonville, Florida 32204  
(904) 308-4477  
[www.jaxhealth.com](http://www.jaxhealth.com)

**OUR PLEDGE REGARDING HEALTH INFORMATION.**

St. Vincent's is committed to protecting the privacy of health information about you. "Protected health information," or "PHI" for short, includes information that St. Vincent's 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 by St. Vincent's, whether made by staff personnel or other authorized health care professionals including your personal physician. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice will tell you about: (i) the ways we may use and disclose PHI about you; (ii) your rights regarding PHI; and (iii) certain obligations we have regarding the use and disclosure of PHI. We are required to abide by the terms of the Notice currently in effect. However, this Notice should not be construed to limit our rights under the law, and we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to the PHI we already have. We will promptly post any new or amended versions of this Notice. This Notice will always contain an effective date on the top right hand corner of the first page. You may request a copy of this Notice at any time from the Privacy Office listed above, and you may view a copy of the Notice at our website [www.jaxhealth.com](http://www.jaxhealth.com).

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

The following are some descriptions and examples of different ways we may use and disclose your PHI. Not every use or disclosure of PHI is listed below. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

- **Treatment.** We may use PHI to provide you with medical treatment or services. We may disclose PHI to doctors, nurses, medical technicians, medical students, and other health care personnel who are involved in taking care of you at St. Vincent's. 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 we can arrange for appropriate meals. Different departments or facilities of St. Vincent's also may share PHI in order to coordinate the different tests, care, and treatment you need, such as prescriptions, lab work, and x-rays. We also may disclose health information about you to people outside St. Vincent's who may be involved in your medical care after you leave our facilities, such as family members, clergy, or others we use to provide services that are part of your care.
- **Payment.** We may use and disclose PHI so the treatment and services you receive at St. Vincent's may be billed to and payment may be collected from you, an insurance company, or a third party. For

example, we may need to give your health plan information about surgery you received at St. Vincent's so your health plan will pay us or reimburse you for the surgery. We 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.** We may use and disclose PHI for St. Vincent's internal operations. These uses and disclosures are necessary to run St. Vincent's and make sure all our patients receive quality care. For example, we may use PHI to: (i) review our treatment and services and to evaluate the performance of our staff in caring for you; (ii) compile data to decide what additional services St. Vincent's should offer, what services are not needed, and whether certain new treatments are effective; (iii) educate doctors, nurses, medical technicians, medical students, and other St. Vincent's personnel; and (iv) compare St. Vincent's statistics to other local, state, and national healthcare facilities to see how we are doing and where we can make improvements in the care and services we offer. We 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.** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at St. Vincent's. If you do not want St. Vincent's to contact you for appointment reminders, you must notify the Privacy Office in writing.
- **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. If you do not want St. Vincent's to contact you about treatment alternatives, you must notify the Privacy Office in writing.
- **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you. If you do not want St. Vincent's to contact you about health-related benefits or services, you must notify the Privacy Office in writing.
- **Fundraising Activities.** We may use PHI to contact you in an effort to raise money for St. Vincent's and its operations. We may disclose PHI to a foundation related to St. Vincent's so the foundation may contact you in raising money for St. Vincent's. We would only release contact information such as your name, address, and phone number. If you do not want St. Vincent's to contact you for fundraising efforts, you must notify the Privacy Office in writing.
- **Facility Directory.** We may include certain limited information about you in the St. Vincent's facility directory while you are a patient at St. Vincent's. This information may include your name, location in St. Vincent's, your general condition (e.g., fair, stable, 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 is so your family, friends, and clergy can visit you and generally know how you are doing. You may object to this use in whole or in part by checking the appropriate box on the Consent to Treatment Form.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI to a friend or family member who is involved in your medical care. We may also give PHI to someone who helps pay for your care. We may also tell your family or friends about your condition and that you are in St. Vincent's. In addition, we 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, we may use and disclose PHI for research purposes, if the purpose is to study morbidity and mortality of patients. Before we use or disclose 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. We 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 St. Vincent's. Lastly, if

certain criteria are met, we may disclose your PHI to researchers after your death when it is necessary for research purposes.

- **As Required By Law.** We will disclose PHI 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 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.** We 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, we may release PHI as required by military command authorities based upon a subpoena or court order. We may also release PHI about foreign military personnel to the appropriate foreign military authority based upon a subpoena or court order.
- **Workers' Compensation.** We may release PHI for workers' compensation or similar programs: (i) upon your consent or (ii) as is authorized by applicable law.
- **Public Health Purposes.** We may disclose PHI for public health activities, including but not limited to the following: (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.** We may disclose PHI to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we 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 St. Vincent's 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.** We may release PHI if asked to do so by a law enforcement official: (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, we are unable to obtain the person's agreement; (v) about a death we believe may be the result of criminal conduct; (vi) about criminal conduct at St. Vincent's; 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.** We may release PHI to a coroner or medical examiner for the purposes of identifying a deceased person or determining the cause of death. We may also release health information about patients of St. Vincent's to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We 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, we may release certain PHI to the correctional institution or law enforcement official in accordance with Fla. Stat. § 945.25 and Fla. Adm. Code § 59A-3.270. 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 us will be made only with your written authorization. You may revoke that authorization at any time by delivering a written revocation to the Privacy Office. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization and that we are required to retain our records of the care we provided to you.

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

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** In most circumstances, you have the right to inspect and copy, after discharge, PHI that may be used to make decisions about your care. To inspect and copy PHI, you must submit your request in writing to Health Information Management, St. Vincent's, 1800 Barrs Street, Jacksonville, FL 32204. Charges for the costs of copying, mailing, or other supplies associated with your request may apply.

We may deny your request to inspect and copy PHI in certain circumstances. If you are denied access to PHI, you may request that the denial be reviewed. If your request is reviewed, another licensed health care professional chosen by St. Vincent's will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

In certain instances, in lieu of providing copies, St. Vincent's may choose to provide you with a summary or explanation of the requested records. You may be charged additional fees for a summary or explanation.

- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You have the right to request an amendment for as long as the PHI is kept by or for St. Vincent's.

To request an amendment, your request must be made in writing and submitted to the Privacy Office. In addition, you must provide a reason that supports your request.

We 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, we may deny your request if you ask us to amend information that: (i) was not created by us, 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 St. Vincent's; (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 we 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.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Office. 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. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved, and you may choose to 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 we use or disclose about you. You also have the right to request a limit on PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the PHI is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Office. In your request, you must tell us: (i) what information you want to limit; (ii) whether you want to limit our use, disclosure, or both; and (iii) to whom you want the limits to apply. You may not limit the uses and disclosures that we are legally required or allowed to make.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Office. We will not ask you the reason for your request. We 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 a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this notice at our website, [www.jaxhealth.com](http://www.jaxhealth.com).

To obtain a paper copy of this Notice, contact the Privacy Office as identified on the first page of this Notice.

#### **WHO THIS NOTICE APPLIES TO.**

This Notice describes the practices of St. Vincent's. For the purposes of this Notice only, "St. Vincent's" is an Organized Health Care Arrangement (OHCA), which includes: (i) all departments and units of St. Vincent's Medical Center, Inc.; (ii) all departments and units of St. Catherine Labouré Manor, Inc.; (iii) any health care professional authorized to enter information into or consult your medical record;<sup>1</sup> (iv) all employees, staff, and other personnel; and (v) any member of a volunteer group we allow to help you.

All these entities, sites, individuals, and locations follow the terms of this Notice. In addition, these entities, sites, individuals, and locations may share PHI with each other, as necessary, to carry out treatment, payment, or health care operations relating to the OHCA. Members of the OHCA do not assume

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<sup>1</sup> Physicians participating in patient care at St. Vincent's (other than those affiliated with St. Vincent's Family Practice Residency Program) are not employees or agents of St. Vincent's and are not acting for or on behalf of St. Vincent's. These physicians, who may use staff not affiliated with St. Vincent's, are independent practitioners engaged in the private practice of medicine who have been granted privileges to use St. Vincent's for the care of their patients. All medical decisions regarding patient care and treatment at St. Vincent's are made by such physicians, not by St. Vincent's.

joint and several liability, meaning they are not treated as one entity for privacy violations or other acts that create legal liability.

**COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint with St. Vincent's or with the Secretary of the Department of Health and Human Services. To file a complaint with St. Vincent's, contact the **Privacy Office, 1800 Barrs Street, Jacksonville, FL 32204, (904) 308-4477**. To file a complaint with the Secretary of the Department of Health and Human Services, contact the **Office for Civil Rights, Department of Health and Human Services, Atlanta Federal Center – Suite 3B70, 61 Forsyth Street, S.W, Atlanta, GA 30303-8909, (404) 562-7886**. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**