



*The Right Care Right Here*

## INDIAN RIVER MEDICAL CENTER NOTICE OF PRIVACY 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.

THIS NOTICE APPLIES TO SERVICES FURNISHED TO YOU BY INDIAN RIVER MEDICAL CENTER AND ITS SUBSIDIARIES (COLLECTIVELY "INDIAN RIVER MEDICAL CENTER"), ITS EMPLOYED AND NON-EMPLOYED STAFF, VOLUNTEERS AND TRAINEES, AS WELL AS THE PHYSICIANS AND OTHER HEALTHCARE PRACTITIONERS WHO PROVIDE SERVICES AS AN INPATIENT OR OUTPATIENT OR ANY OTHER SERVICES PROVIDED TO YOU IN A HOSPITAL-AFFILIATED PROGRAM INVOLVING THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION. THIS NOTICE ALSO DESCRIBES HOW AUTHORIZED HEALTH CARE PROVIDERS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION ELECTRONICALLY THROUGH THE "IRMC-HEALTHY ME" HEALTH INFORMATION EXCHANGE (HIE). YOU CAN GET ADDITIONAL INFORMATION ABOUT THE HIE FROM YOUR PARTICIPATING PROVIDER'S REGISTRAR OR RECEPTIONIST, OR BY VISITING [WWW.IRMC-HEALTHYME.COM](http://WWW.IRMC-HEALTHYME.COM) OR [WWW.IRMCHEALTHYME.COM](http://WWW.IRMCHEALTHYME.COM).

### Understanding Your Health Record/Information

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, a plan for future care or treatment, and billing-related information. This information, often referred to as your health or medical record, may serve as:

- A basis for planning your care/treatment;
- A means of communication among the health professionals who contribute to your care;
- A legal document describing the care you received;
- A 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; and
- A tool with which we can assess and improve the care we render and the outcomes we achieve.

### Our Responsibilities

We are required by law to maintain the privacy of your health information, to provide you with this notice of our legal duties and privacy practices with respect to your health information, and to notify you if there is a breach of your unsecured health information. We will abide by the terms of this notice.

### Permissible Uses and Disclosures Without Your Written Authorization

By law, we are allowed to use and disclose your health information for most purposes related to your medical treatment ("treatment"), the payment for your medical treatment ("payment"), and our healthcare operations ("operations"). The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. 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. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it and for conducting training programs or reviewing competence of health care professionals. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We will remove information that identifies you from this set of health information to protect your privacy.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department 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 associates 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, business associates are required by federal law to appropriately safeguard your information.

**Facility Directory:** Unless you notify us that you object, we may include certain limited information about you in the facility directory while you are a patient at the facility. The information may include your name, location in the facility, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Opt-Out Form from the admission staff or Facility Privacy Official. Even if you ask us to keep your information out of the directory, we may share your information for disaster-relief efforts or in a declared emergency situation.

**Individuals Involved in Your Care or Payment for Your Care:** Health professionals, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, your health information that is relevant to that person's involvement in your care or payment related to your care. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

**Organized Health Care Arrangement:** This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

As required by law, we may also use and disclose health information for the following types of entities including, but not limited to:

**Funeral Directors:** We may disclose health information to funeral directors, coroners and medical examiners consistent with applicable law to assist them in carrying out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose your 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.

**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 defects 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 laws relating to workers compensation or other similar programs established by law.

**Specialized Government Functions:** If you are in the military or a veteran, we will disclose your health information as required by military command authorities or as required by law. We may disclose health information to authorized federal official for national security purposes and intelligence activities.

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

**Public Health:** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition.
- For population based activities relating to improving health or reducing health care costs.

**Victims of Abuse, Neglect or Domestic Violence:** Your health information may be disclosed as authorized by law if there is a reasonable belief that you are a victim of abuse, neglect, exploitation, or domestic violence. We'll only make this disclosure if you agree or when required or authorized by 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 healthcare system, government programs, and compliance with civil rights laws.

**Patient Safety Organization:** Indian River Memorial Hospital d/b/a Indian River Medical Center (IRMC) contracts with PSOForida. IRMC will submit to and receive patient safety work product from PSOForida. PSOForida has been formed as a component organization of the Florida Hospital Association (FHA) under the authority of the Patient Safety and Quality Improvement Act, which was passed by Congress in 2005. PSOForida's mission is to improve the safety and quality of healthcare delivery thorough the application of science and implementation of best-practice evidence with the objective of preventing patient injury or death.

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes or legal proceedings as required by law or in response to a valid subpoena or court order.

**Health Information Exchange (HIE):** We and other healthcare providers participate in a Health Information Exchange to facilitate the secure exchange of your electronic health information between and among several health care providers or other health care entities for your treatment, payment, or other healthcare operations purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your healthcare services.

**Fundraising:** We may contact you as part of a fundraising effort unless you elect not to receive any such communications. We may use certain information (name, address, phone number, email, date of birth, gender, health insurance, service dates, department of service, and outcome information) to contact you for the purpose of fundraising. You have the right to "opt out" of receiving such communication and your decision to opt out will have no impact on your treatment or payment rights. To opt out, please call 772.226.4978 to leave your name, address, phone number, and date of birth so we may ensure you are removed from our communications.

**A School:** We may disclose information if you are a student or prospective student if the information is limited to proof of immunizations, the school is required by State or other law to have such proof prior to admitting you, and the Hospital obtains and documents the agreement to the disclosure from either a parent, guardian, or other person acting in loco parentis of the individual (if an unemancipated minor) or from you (if an adult or emancipated minor).

**Other Permitted Disclosures:** When contacting you, primarily regarding appointment reminders and billing/collection efforts, we may leave messages on your answering machine/voice mail.

In the event that one or more of Indian River Medical Center entities is sold or merged with another organization, your health information will become the property of the new owner.

We may disclose your health information as required or permitted by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act, as amended and interpreted from time to time.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

## Uses and Disclosures That Require Your Written Authorization

Other uses and disclosures not described in this notice will be made only with your written authorization. Your written authorization is required for any disclosure of psychotherapy notes, except to carry out the treatment, payment, or health care operations allowed by law. Your written authorization is required for any use or disclosure of your health information for marketing, except if the communication is a face-to-face communication made by the Hospital to you, or is a promotional gift of a nominal value provided by the Hospital. If the marketing involves financial remuneration to the Hospital from a third party, the authorization will state that remuneration is involved. The Hospital will obtain your written authorization for any disclosure of your health information which is a sale of your health information. This authorization will state that the disclosure will result in remuneration to the Hospital. You may revoke your authorization at any time, provided the revocation is in writing.

## Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

**Inspect and Copy Your Health Information:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility 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. If you request a copy of your information for your own personal use, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. You may request to receive an electronic copy of your health information. If it is readily producible in such form, you will receive it as requested; otherwise, the Hospital will provide the readable electronic form and format that is producible and you agree to receipt in this format. If you direct us to send a copy of your health information directly to another person, you will be asked to request this in writing, signed by you, and clearly identify the designated person and where to send the copy of your health information.

**Amend Your Health Information Records:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for an amendment must be sent in writing to the Facility Privacy Official. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**Receive An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

**Receive Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Facility Privacy Official. We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid in full. **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Health Information Exchange:** With regard to the *IRMC-Healthy Me* HIE only, if you do not wish to allow independent doctors, nurses, and other clinicians involved in your care to electronically share your health information through the *IRMC-Healthy Me* HIE, you may do the following: do not sign in to the *IRMC-Healthy Me* HIE; if you have already signed in and wish to “opt out,” please notify us in writing of your opt out preference. You may send your opt out written request via mail to Mindy Serafin, Privacy Official, Indian River Medical Center, 1000 36th Street, Vero Beach FL 32960, or fax your written request to 772.562.5628 Attention Privacy Official Mindy Serafin. Opting out of the HIE will not impact how your information is accessed and released in accordance with this Notice and the law.

**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 may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**Receive 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.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

## Other Uses of Your Health Information

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission/authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information 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 with your permission, and that we are required to retain our records of the care that we provided to you.

## Changes to this Notice

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and includes the effective date. If this notice is changed, the new notice will be posted in the facility and on our website and will include its effective date, and you will be provided with a copy of the Notice when it changes.

## For More Information or to Report a Problem

If you have questions regarding our privacy practice or would like additional information, you may contact the Privacy Official at 772.567.4311, ext. 1124. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Official at Indian River Medical Center. You may also file a complaint with the Secretary of the Department of Health and Human Services at <http://www.hhs.gov/ocr/office/index.html>. There will be no retaliation against you for filing a complaint.

## Facility Privacy Official

Indian River Medical Center, Mindy Serafin  
Telephone: 772.567.4311, ext. 1124

31-1811-4 4/03

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