

Notice of Privacy Practices

**Your Information.
Your Rights.
Our Responsibilities.**



THIS NOTICE OF PRIVACY PRACTICES (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 questions about this Notice, please contact our privacy officer at 321-268-6111, ext. 7441, or by e-mail at CorporateCompliance@parrishmed.com

Your Rights

→ **See page 2** for more information on these rights and how to exercise them.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of certain individuals and entities with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

→ **See page 3** for more information on these choices and how to exercise them.

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

→ **See pages 3 and 4** for more information on these uses and disclosures.

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

| | |
|--|--|
| <p>Get an electronic or paper copy of your medical record</p> | <ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. In some limited circumstances we may say “no” your request and you may request that the denial be reviewed. |
| <p>Ask us to correct your medical record</p> | <ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” your request, but we’ll tell you why in writing within 60 days. |
| <p>Request confidential communications</p> | <ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home, mobile, or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. |
| <p>Ask us to limit what we use or share</p> | <ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” it if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. |
| <p>Get a list of those with whom we’ve shared information</p> | <ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| <p>Get a copy of this privacy notice</p> | <ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. This notice is also available on our website: parrishmed.com. |
| <p>Choose someone to act for you</p> | <ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will confirm that the person has this authority and can act for you before we take any action. |
| <p>File a complaint if you feel your rights are violated</p> | <ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint. |

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions as required by applicable laws and rules.

| | |
|---|--|
| <p>In these cases, you have both the right and choice to tell us to:</p> | <ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation |
| <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p> | |
| <p>In these cases, unless allowed by applicable law, we never share your information unless you give us written permission:</p> | <ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes |
| <p>In the case of fundraising:</p> | <ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can tell us not to contact you again. |

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

| | | |
|--------------------------------------|--|---|
| <p>Treat you</p> | <ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. | <p>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</p> |
| <p>Run our organization</p> | <ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. | <p>Example: We use health information about you to manage your treatment and services.</p> |
| <p>Bill for your services</p> | <ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. | <p>Example: We give information about you to your health insurance plan so it will pay for your services. We may give information to entities that help us collect payments.</p> |

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

| | |
|---|--|
| Help with public health and safety issues | <p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety • Reporting births and deaths |
| Do research | <ul style="list-style-type: none"> • We can use or share your information for health research. |
| Comply with the law | <ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. |
| Respond to organ and tissue donation requests | <ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations and tissue banks. |
| Work with a medical examiner or funeral director | <ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers’ compensation, law enforcement and other government requests | <p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions | <ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena. |
| De-identified information | <ul style="list-style-type: none"> • We may use or disclose your health information to create de-identified information or limited data sets, and may use and disclose such information as permitted by law. |
| Inmates | <ul style="list-style-type: none"> • If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official as permitted by applicable laws and rules. |

Other uses and disclosures

Organized Health Care Arrangement

Our medical staff members, which may include your physician, and other health care providers associated with Parrish Medical Center have agreed, as allowed by law, to share your health information among themselves for purposes of treatment, payment or health care operations related to their organized health care arrangement. This enables us to better address your health care needs.

Business Associates

There are some health-related services provided through contracts with third parties, called “business associates,” that may need the information to perform certain services on our behalf. Examples include software or technology vendors we may utilize to provide technical support, attorneys providing legal services to us, accountants, billing and collection companies, consultants and others. When such a service is contracted, we may share your protected health information with such business associates and may allow our business associates to create, receive, maintain or transmit your information on our behalf in order for the business associate to provide services to us, or for the proper management and administration of the business associate. Business associates must protect any health information they receive from, or create and maintain on our behalf. In addition, business associates may re-disclose your health information to business associates that are subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information, we will have a written contract that contains terms designed to protect the privacy of your information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other State and Federal Laws

We may ask you for consent to share certain medical information if Florida or federal law requires your consent for disclosures explained in this notice. For example, we will ask for your consent to share your information for payment purposes. We may ask for your written authorization to disclose certain sensitive information, such as information we receive from certain substance abuse facilities.

Effective: 3/16/15



North Brevard Medical Support, Inc.

Operating as

Parrish Medical Group

7075 North U.S. Highway 1, Suite 500

Port St. John, FL 32927