

Your Privacy and HIPAA

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.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

Bon Secours St. Petersburg is committed to protecting medical information about you. We create a record of the medical care and services you receive at Bon Secours St. Petersburg for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all the records of your care related to the services provided in the nursing and other facilities and service lines that comprise the Bon Secours St. Petersburg Health System, as well as the physicians and other health care professionals who provide services within those facilities or service lines, whether made by employees of Bon Secours St. Petersburg or your personal doctor. If your personal doctor is not an employee of Bon Secours St. Petersburg, then your doctor may have different policies or notices regarding how information maintained by the doctor's office or clinic is used or disclosed about you.

This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- make sure that your medical information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the Notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of Bon Secours St. Petersburg and those of the following individuals and organizations (collectively, "we"):

- All divisions, affiliates, facilities, medical groups, departments and units of Bon Secours St. Petersburg;
- Any member of a volunteer group we allow to help you while you are in a Bon Secours St. Petersburg facility;
- All employees, staff and other Bon Secours St. Petersburg personnel; and
- Bon Secours St. Petersburg-based physicians, physician groups, residents, and medical students, with regard to services provided and medical records kept at a Bon Secours St. Petersburg facility or by physicians employed by or under contract with Bon Secours St. Petersburg.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some

examples. Some information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions by state and federal laws. Where disclosures of these types are made, we abide by all applicable state and federal laws related to the protection of such information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

Treatment: We may use or disclose medical information about you to provide you with medical treatment or services. For example, we may disclose information about you to doctors, nurses, technicians, students or other personnel involved in taking care of you. We may share medical information about you with other Bon Secours St. Petersburg personnel or other health care providers, agencies, or facilities not affiliated with Bon Secours St. Petersburg in order to provide or coordinate the different things you need, such as prescriptions, lab work, and X-rays. We may also disclose medical information about you to people outside of Bon Secours St. Petersburg who may be involved in your continuing medical care after you leave Bon Secours, such as other health care providers and transport companies. We may disclose information about your care to any doctor identified as a provider of medical care to you, even if that doctor is not a direct participant in a given episode of care at Bon Secours St. Petersburg. For example, it is routine for Bon Secours St. Petersburg to provide information about your care to your primary care provider (PCP).

Payment: We may use and disclose medical information about you for payment activities of Bon Secours St. Petersburg and other entities involved in your care. For example, we may use and disclose information such that Bon Secours St. Petersburg or the ambulance company that brought you to a Bon Secours St. Petersburg facility may obtain payment from you, an insurance company or another third party which is or may be responsible for all or part of your bill.

Health Care Operations: We may use and disclose medical information about you for our health care operations and for certain health care operations of other providers who furnish care to you. For example, we may use medical information to review our treatment and services, to evaluate the performance of our staff, and to survey you on your satisfaction with our treatment and/or services. We may review and/or aggregate medical information to decide how to improve our facilities and services. We may combine the medical information we have with medical information from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer.

Fundraising Activities: We may contact you to provide information about Bon Secours-sponsored activities, including fund-raising programs and events. You may request to “opt out” of fund-raising communications if you do not want to be contacted by calling 727-568-1000 or emailing BonSecours_St.Petersburg@bshsi.org

Business Associates: We may share your medical information with third-parties referred to as “business associates”. Business associates provide various services to or for Bon Secours. Examples include billing services, transcription services and legal services. We ask our business associates to sign an agreement in an effort to make sure your medical information is appropriately safeguarded.

Patient Directory: If you do not object, we may include your name, location in the facility (for example: room number), your general condition (for example: fair condition, stable condition, etc.) and your religious affiliation in our patient directory while you are a patient in our facilities. The directory information, except for your religious affiliation, may be released to people who ask for you by name so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Your religious affiliation and directory information may be given to members of the clergy, such as priests, ministers, or rabbis even if they don’t ask for you by name. If you object to any or all of this information being included in the directory, you must tell your caregivers at Bon Secours St. Petersburg so that information about you may be removed from the directory.

Individuals Involved in Your Care or Payment for Your Care: Unless you tell us not to, we may release medical information to anyone involved in your medical care, such as a close friend, family member, or any individual you identify. We also may give your information to someone who helps pay for your care. Additionally, we may disclose information about you to a legal representative. If a person has the authority by law to make healthcare decisions for you, Bon Secours will treat that legal representative the same way we would treat you with respect to your medical information.

Research: We may use and disclose medical information about you for research purposes under specific rules determined by the confidentiality requirements of federal and/or state laws. All research projects are required to go through a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process with established protocols to ensure your medical information will continue to be protected.

As Required or Authorized by Law: We will disclose medical information about you when required or authorized to do so by federal and/or state law. This includes, but is not limited to disclosures:

- to mandated patient registries;
- to report births or deaths;
- to report child abuse or neglect;
- to report reactions to medications, food or problems with products or devices;
- for judicial and administrative proceedings, including disclosures made in response to a court order, subpoena, discovery request, warrant, summons or other lawful instructions from courts or public bodies;
- for law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person and/or reporting a crime.
- to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

We may use and disclose your medical information in the following special situations:

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Disaster-Relief Efforts:** We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status and location. If you do not want us to disclose your medical information for this purpose, you must tell your caregivers so that we do not disclose this information unless we must do so to respond to the emergency
- **Organ, Eye and Tissue Donation:** We may release information to organizations that handle organ procurement, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military:** If you are a member of the armed forces, domestic (United States) or foreign we may release medical information about you to the military authorities as authorized or required by law.
- **Workers' Compensation:** We may disclose medical information about you for workers' compensation or similar programs as authorized or required by law.

- **Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.
- **National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities as required by law.
- **Protective Services for the President of the United States and Others:** We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons or foreign heads of state as authorized by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement officials as authorized or required by law.

USES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION

Psychotherapy Notes: We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment, or use or disclosure by us for training of mental health practitioners, or to defend Bon Secours Richmond in a legal action brought by you.

Marketing: We must obtain your written permission to use your medical information for marketing purposes except in certain circumstances. We are prohibited from selling lists of patients' information to third parties or from disclosing your medical information to a third party so that they can send you information on their products or services without getting your written permission first.

Sale of PHI: We must obtain your written permission to disclose your medical information in exchange for remuneration.

Other Uses and Disclosures: Other Uses and Disclosures of your PHI not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding your medical information:

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about your care. You have the right to obtain, upon request, a copy of your health information in an electronic format if we maintain your health information electronically. The exceptions to this include: psychotherapy notes, information collected for certain legal proceedings and any medical information restricted by law.

To inspect and/or receive a copy of your medical records we require that you submit your request in writing to your Bon Secours St. Petersburg care provider or the appropriate medical records department. If you request a copy of your medical records, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Under certain circumstances, we may deny your request to inspect or copy your records such as if we believe it

may endanger you or someone else. If you are denied access to your medical information, you may request that the denial be reviewed.

Right to Request an Amendment: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for Bon Secours in your medical and billing records. To request an amendment, your request must be submitted in writing and provide the reason for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), but we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to an Accounting of Disclosures: You have a right to receive a list of certain disclosures we have made of your medical information in the six years prior to your request.

To request an accounting of disclosures you must submit your request in writing to the Privacy Officer. You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. You must indicate whether you wish to receive the list electronically or on paper. The first accounting you receive in a 12 month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. *We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service which the health care provider has been paid out of pocket in full.* To request a restriction you must make your request in writing and tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, i.e. disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the health information that was created or received after we notify you.

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 may ask that we contact you only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. Copies of this notice are available throughout Bon Secours St. Petersburg or by contacting the Bon Secours St. Petersburg Privacy Officer.

CHANGE TO THIS NOTICE

We reserve the right to change this notice and Bon Secours St. Petersburg's privacy practices. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Bon Secours St. Petersburg website: BonSecours.com.

QUESTIONS OR COMPLAINTS

If you have questions or believe that your privacy rights have been violated, you may file a complaint with Bon Secours St. Petersburg or with the Secretary of the Department of Health and Human Services. To file a complaint with Bon Secours, contact the Privacy Officer. ***You will not be penalized for filing a complaint.***

Addresses

The address for the Bon Secours St. Petersburg Privacy Officer is:
10300 4th Street N
St. Petersburg, FL 33716

The address for the Bon Secours Health System Privacy Officer is:
1505 Marriottsville Road
Marriottsville, MD 21104

The address for the Department of Health and Human Services is:
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

This Notice is effective 10/14/2013.