

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.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at HCH; and
- 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 health information to the coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We may also release health information about deceased patients to funeral directors as necessary to carry out their duties upon the request of the patient's family.

**National Security and Intelligence Activities:** We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, (3) for the safety and security of the correctional institution, or (4) to obtain payment for services provided by us.

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

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

**Right to Inspect and Copy:** You have the right to inspect and copy 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 and other mental health records under certain circumstances.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to HCH's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other labor or supplies associated with your request. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees for preparing the summary or explanation.

We may deny your request to inspect and copy your health information in certain circumstances, such as when your physician determines that for medical reasons this is not advisable. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by HCH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by what this person decides.

**Right to Amend:** 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 HCH. To request an amendment, your request must be made in writing and submitted to HCH's Privacy Officer. 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for HCH;
- Is not part of the information which you would be permitted to inspect and copy; or
- 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 some of the disclosures we made of health information about you that were not specifically authorized by you in advance.

To request this list or accounting of disclosures, you must submit your request in writing to HCH's Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs 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 the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limitation 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.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to HCH's Privacy Officer. In your request, you must 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, for example, disclosures to your spouse.

**Right to Confidential Communications:** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at work or by mail, or at another mailing address, different than your home address. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the reason for your request. Contact the Privacy Officer if you require such confidential communications.

**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.

To obtain a paper copy of this Notice, request a copy from HCH's Privacy Officer in writing.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health 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 throughout HCH. The Notice will contain on the first page, in the top right hand corner, the effective date.

#### **OTHER USES OF HEALTH INFORMATION:**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written 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 authorization, 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 authorization and that we are required to retain records of the care that we provide to you.

#### **STATE LAW:**

The HIPAA law provides that if state law is more stringent in restricting the use and disclosure of your health information, that state law will apply.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with HCH or with the Secretary of the Department of Health and Human Services. To file a complaint with HCH, contact HCH's Privacy Officer c/o Holy Cross Hospital, 4725 North Federal Highway, Fort Lauderdale, Florida 33308. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.



# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES  
HOW MEDICAL  
INFORMATION ABOUT  
YOU MAY BE  
USED AND DISCLOSED  
AND HOW YOU MAY  
GET ACCESS  
TO THE INFORMATION.**

**PLEASE REVIEW IT  
CAREFULLY.**

Effective Date: July 15, 2004

If you have any questions  
about this Notice, please contact  
Holy Cross Hospital, Inc.  
Privacy Officer at:  
**(954) 771-8000**

## **DEFINITIONS:**

For purposes of this Notice, the following definitions are used:

- “Notice” means this Notice of Privacy Practices.
- “Health Information” means any information, whether oral or recorded in any form, received by HCH that relates to past, present, or future physical or mental health or condition of an individual, the provision of healthcare to an individual, or the payment for the provision of healthcare to an individual.
- “HIPAA” means the Health Insurance Portability and Accountability Act of 1996, and the privacy regulations adopted to implement the law.
- “We” or “HCH” means Holy Cross Hospital, Inc. (and its departments or divisions such as the Holy Cross Medical Group and Holy Cross Home Health); Holy Cross Long Term Care, Inc., d/b/a Mercy Manor North; Nursing Network, Inc.; Holy Cross Medical Properties, Inc.; and Holy Cross Health Partners, Inc.

## **WHO WILL FOLLOW THIS NOTICE:**

This Notice describes HCH’s practices and those of:

- Any healthcare professional authorized to enter information into your medical record;
- All departments and units of HCH;
- Certain providers under an organized healthcare arrangement with HCH;
- Any member of a volunteer group we allow to help you while you are in the hospital;
- All associates, staff, affiliated health care students and other HCH personnel; and
- All those persons, entities, sites and locations follow the terms of this Notice. In addition, these persons, entities, sites and locations may share health information with each other for treatment, payment, or healthcare operations purposes as described in this Notice.

## **OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you received at HCH. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of your care at HCH facilities whether made by HCH associates or your personal doctor. Your personal doctor, if he or she is not a member of the Holy Cross Medical Group, may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

This Notice will tell you about the ways in which we may use and disclose certain health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of that information.

We are required by the HIPAA law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that are currently in effect.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

***For Treatment:*** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. We also may disclose health information about you to people outside HCH who may be involved in your medical care after you leave the facility, such as family members, clergy, or others to provide services that are part of your care, such as therapists or physicians.

***For Payment:*** We may use and disclose health information about you so that the treatment and services you receive 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 insurance plan information about treatment you received so your health plan will pay us or reimburse you for the treatment. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may disclose information about you to another healthcare provider, such as another hospital, for their payment activities concerning you.

***For Healthcare Operations:*** We may use and disclose health information about you for healthcare operations, management, administration, business planning, and arranging for professional accounting, legal and other services. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many HCH patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may also disclose health information to doctors, nurses, technicians, medical students and other HCH personnel for review and learning purposes. We may also combine the health information we have with health information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study healthcare and healthcare delivery without learning the identities of specific patients. We also may disclose information about you for another healthcare provider’s operations if you also have received care there.

***Treatment Alternatives:*** We may use and disclose health information to tell you about or recommend different ways to treat you.

***Health-Related Benefits and Services:*** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

***Fundraising Activities:*** We may use certain information to contact you in an effort to raise money for HCH. We may use, or disclose this information to a business associate engaged to provide assistance to HCH in such activities. The funds raised will be used to expand and improve the facilities and services we provide to the community. We would only use or disclose information such as your name, address and phone number, and the dates you received treatment or services.

***Hospital Directory:*** Unless you tell us otherwise, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, 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 don’t ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not want anyone to know this information about you, or if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must notify the hospital’s Privacy Officer in writing or indicate your preference on the Hospital’s Patient Directory Instructions Form that you will receive when you are registered.

### ***Individuals Involved in Your Care or Payment for Your Care:***

We may release health information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable healthcare power of attorney or similar document provided to us. We may also give information about you to an entity assisting in a disaster relief effort so that your family can be notified about condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgement to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

***Research:*** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All such research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information and balances the research needs with patients’ need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information remains at HCH. We will generally ask for your specific permissions if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the hospital.

***As Required by Law:*** We will disclose health information about you 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 health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS:**

***Organized Healthcare Arrangements:*** HCH, various HCH-based providers, and medical staff physicians may share information with each other as necessary to carry out treatment, payment, or health care operations related to your care if they are part of an organized health care arrangement (“OHCA”). OHCA relationships exist with the following providers: Florida Atlantic Anesthesia, P.A.; Lalit K. Shah, M.D., P.A.; and South Florida Medical Imaging, P.A.

These providers are independent contractors and are responsible for their own activities. This Notice is provided on behalf of HCH and OHCA entities solely for the purpose of your convenience under the HIPAA law and does not evidence an intent to create responsibility or liability for any other activities.

***Organ and Tissue Donations:*** If you are an organ donor, we may release health information 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 health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs health information about you to determine whether you are eligible for certain benefits.

***Workers’ Compensation:*** We may release health information about you for Workers’ Compensation or similar programs. These programs provide benefits for work-related injuries or illness. We will only make the disclosure if you agree or when required or authorized by law.

***Public Health Risks:*** We may disclose health information about you for public health activities. We will only make the disclosure if you agree or when required or authorized by law. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if we believe a child or patient has been the victim of abuse, neglect, or domestic violence.
- To an employer under certain circumstances.

***Health Oversight Activities:*** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for