Your Rights Regarding Medical Information About You

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

Right to Inspect and Copy. You have the right to access, to inspect and to copy your PHI as long as we maintain the data. 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 your PHI, you must submit your request in writing to the Health Information Management Department of the hospital or other entity. You will be charged a reasonable copying fee in accordance with applicable federal or state law. You also have the right to request your PHI in electronic format in cases where we utilize electronic health records. You may also access information via patient portal if made available by Holy Cross Hospital, Inc.

We may deny your request to inspect and copy your PHI in certain very limited circumstances such as when your physician determines that for medical reasons this is not advisable. If you are denied access to your PHI, you may request that the denial be reviewed.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment.

To request an amendment, your request must be in writing and submitted to the Health Information Management Department. We will comply with your request unless we believe that the information to be amended is accurate and complete or other special circumstances apply.

Right to an Accounting of Disclosures. You have a right to receive an accounting of the disclosures of your PHI that we have made, except for the following disclosures:

• To carry out treatment, payment or healthcare operations;
• To you;
• To persons involved in your care;
• For national security or intelligence purposes; or
• To correctional institutions or law enforcement officials.

You must submit your request for an accounting of disclosures in writing to the Privacy Officer. Management Department. Your request must state a time period that may not be longer than six years. In any given 12-month period, we will provide you with an accounting of the disclosures of your PHI at no charge.

Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who

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• To you;
• To persons involved in your care;
• For national security or intelligence purposes; or
• To correctional institutions or law enforcement officials.

You must submit your request for an accounting of disclosures in writing to the Privacy Officer. Management Department. Your request must state a time period that may not be longer than six years. In any given 12-month period, we will provide you with an accounting of the disclosures of your PHI at no charge.

Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI 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 the 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 Request Restrictions to a Health Plan. You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

Right to Confidential Communications. You may request and we will accommodate any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. Contact the Privacy Officer if you require such confidential information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices upon request.

VI. Sharing and Joint Use of Your Health Information

In the course of providing care to you and in furtherance of Holy Cross Hospital’s mission to improve the health of the community, we will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

Medical Staff. The medical staff and Holy Cross Hospital, Inc. participate together in an organized health care arrangement to deliver health care to you. Both Holy Cross Hospital, Inc. and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you by Holy Cross Hospital Physicians and allied health care professionals who are members of Holy Cross Hospital medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Holy Cross Hospital, Inc. We will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

Membership in Trinity Health. Holy Cross Hospital, Inc. and members of Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of Trinity Health and its members. Members of Trinity Health will abide by the terms of their own Notice of Privacy Practices in using your PHI for your treatment, payment to Holy Cross Hospital, Inc. and/or for the health care operations permitted by HIPAA with respect to our mutual patients. Please go to Trinity Health’s websites for a listing of member organizations at http://www.trinity-health.org/. Or you can all our Privacy Officer to request the same.

Business Associates. We will share your PHI with business associates and their Subcontractors contracted to perform business functions on Holy Cross Hospital’s behalf, including Trinity Health which performs certain business functions for Holy Cross Hospital.

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 the PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospitals and other subsidiaries and on our web site at www.holy-crosshospital.com.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Holy Cross Hospital, Inc. Privacy Officer by calling 954-771-8000 and/or Florida Department of Health’s Inspector General by calling 850-245-4141 and/or with the U.S. Department of Health and Human Services at 877-696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. Holy Cross Hospital, Inc. and The Florida Department of Health will not retaliate against you for filing a complaint.

You will not be retaliated against for filing a complaint.
Holy Cross Hospital, Inc. is required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as "HIPAA"), as amended from time to time, to maintain the privacy of individually identifiable patient health information (this information is "protected health information" and is referred to herein as "PHI"). We are also required to provide privacy notices like this one to inform you of our privacy practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

We are highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

I. WHO WILL FOLLOW THIS NOTICE

This Notice applies to the delivery of health care by all Holy Cross Hospital subsidiaries. It applies to:

- Any healthcare professional authorized to enter information into your medical record.
- All departments and units of the hospitals and other subsidiaries.
- Any member of a volunteer group we allow to help you.
- All employees, staff, students and other Holy Cross Hospital personnel.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we may use or disclose, and the reasons we may use or disclose your PHI.

A. Treatment.

We may use and disclose your PHI so that the treatment and services you receive from the health system may be billed to and collected from, an insurance company, or a third party. For example, we may need to tell your insurance company about a treatment you received or will receive so your health plan will pay us or reimburse you for the treatment. We may also disclose your PHI to someone who will pay for your care.

For Healthcare Operations. We use and disclose your PHI for our health care operations, which at Holy Cross Hospital, Inc. includes internal administration and planning and various activities that improve the quality of the care and services we provide. We may disclose your PHI to other providers that have a relationship with you for purposes of quality improvement, peer review and other activities. We may also disclose your PHI by you name in a patient directory (a list of patients in our hospital). Your name may be included in the directory unless you have indicated to us in writing that you do not want your name included in the directory, and we will honor your request.

B. Payment.

We may use information about you to contact you in an effort to raise money for the hospitals and other subdivisions of Holy Cross Hospital, Inc. ("the health system") that are located in the United States, follow the terms of this notice. In addition, the above persons, entities, sites, and locations may share PHI with each other for treatment, payment, or health care operations purposes as described in this notice.

C. Legal

If a statewide or regional health information exchange ("HIE") operates in this state we will share your health records electronically with the exchange for the purposes of improving the overall quality of health care services provided to you (e.g., avoids unnecessary duplicate testing). The electronic health records will include sensitive diagnostic data such as HIV/AIDS, sexually transmitted diseases, mental and mental health substance abuse, etc. The HIE is functioning as our business associate and, in acting on our behalf, the HIE will maintain, maintain and safeguard, pay for or disclose information related to health care operations purposes. The HIE has a duty to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information. State law provides you the right to restrict, opt-out or refuse to participate. For more information please contact your Privacy Officer.

D. Research.

We will disclose your PHI to an entity assisting in a research, development, or quality improvement activity to law enforcement agencies regarding immunizations, communicable diseases, etc. We also will disclose PHI for public health purposes for example when the media requests information about an individual who was involved in a violent crime or who has provided information necessary to comply with other laws such as workers' compensation or similar laws. We will report drug diversion and information related to the quality of care and services provided to you that may be of interest to you.

E. Fundraising Activities.

We may use information about you to contact you in an effort to raise money for the hospitals and other subdivisions of Holy Cross Hospital, Inc. ("the health system") that are located in the United States, follow the terms of this notice. In addition, the above persons, entities, sites, and locations may share PHI with each other for treatment, payment, or health care operations purposes as described in this notice.

III. USE OR DISCLOSURE REQUIRING YOUR AUTHORIZATION

Marketing Subject to certain limited exceptions, your written authorization is required when we receive any direct or indirect financial remuneration from a third party (excluding religious affiliation) if the media requests information in your Patient Consent Form or notifying the Privacy Officer in writing. You have the right to request that 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 the clergy can know how you are doing. You have the right to request that your name not be included in the directory by indicating your preference on the Patient Consent Form or notifying the Privacy Officer in writing. If you opt-out of the facility directory, we cannot inform visitors of your presence, location or general condition.

We will also disclose facility directory information to the media (including religious affiliates) for the purpose of informing the community about you using your name and after we have given you an opportunity to agree or object.

Individuals Involved in Your Care or Payment for Your Care. We will disclose any or all of your PHI to a family member who is involved in or paying for your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. You have a right to request that your information not be shared with some or all of your family or friends. In that event, we will provide you with an opportunity to agree or object if we plan to disclose your PHI not covered by this notice or the laws that apply to us will be required to agree or object.

We may disclose your PHI to an entity assisting in a research, development, or quality improvement activity to law enforcement agencies regarding immunizations, communicable diseases, etc. We also will disclose PHI for public health purposes for example when the media requests information about an individual who was involved in a violent crime or who has provided information necessary to comply with other laws such as workers' compensation or similar laws. We will report drug diversion and information related to the quality of care and services provided to you that may be of interest to you.