



## 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 Bayfront Health System, Bayfront Same Day Surgery Center and the care that you may receive at those locations including Bayfront Medical Center and Bayfront Convenient Care Clinics. This notice also applies to the physicians who provide you with health care services at those sites. This Notice does not apply to the care received from physicians at their offices or not otherwise at the sites described above. Your physician may have his or her own policies and procedures regarding your health information and you should review your physician's notice for information on how your physician will handle your health information outside of our sites. References to "we", "us", or "our" throughout this Notice mean the entities described above.

We are committed to protecting the confidentiality of your health information. We use, disclose and also share amongst us health information about you as necessary for your treatment, to obtain payment for treatment, for our operational purposes, including administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of BHS.

### **How We May Use or Disclose Your Health Information**

**For Treatment.** We may use or disclose your health information to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

**For Payment.** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive, or as necessary for other providers or entities to obtain or provide payment for your treatment. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations.** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

In addition, we may disclose your health information to other health care providers or entities for their operational purposes under limited circumstances and only if they have had a relationship with you to which your information pertains.

**Facility Directory.** Unless you notify us in writing that you object, we will include certain limited information about you in the facility directory while you are a patient at our facility. This information may include your name, location in the facility, 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 or generally know how you are doing.

**Individuals Involved in Your Care or Payment for Your Care.** We may release information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical 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.

**Appointments.** We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Required By Law.** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement personnel in their law enforcement duties;

**Public Health.** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Decedents.** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ and Tissue Donation.** If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

**Research.** We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Patient Education.** We may use your information to contact you about treatment options and other health related topics. These include disease-management programs.

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

**Fundraising Efforts.** We may use or disclose your name, address, and dates that you received treatment for BHS-supported fundraising efforts. Matters addressed to you will note what to do so as not to receive future communications.

**Government Functions.** Your health information may be disclosed to specialized governmental functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**Workers Compensation.** Your health information may be used or disclosed in order to comply with laws and regulation related to Workers Compensation.

**Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Inmates.** 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 to provide you with health care, to protect your and others' health and safety, or for the safety and security of the correctional institution.

## Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, we are not required to agree to a requested restriction;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- Amend your health record as provided for in 45 CFR §164.526;
- Request communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- Receive an accounting of disclosures made of your health information as provided by 45 CFR §164.528.

To exercise these rights, contact our Privacy Officer at the address below.

## Our Obligations

We are required to:

- Maintain the privacy of protected health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms of this Notice; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain, including the information we obtained prior to the change. Revised notices will be made available to you upon request by contacting our Privacy Officer at the address below. The notice will also be available on the BHS website, [www.Bayfront.org](http://www.Bayfront.org).

## Changes to this Notice

We reserve the right to change this notice at any time. 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 in various locations indicating the effective date. Revised copies of this notice will be provided at your next visit.

## Complaints

You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. To file a complaint with us, contact our Privacy Officer at 727-893-6158. To file a complaint by mail, send it to the following address:

Privacy Officer  
Bayfront Health System  
701 6th Street South  
St. Petersburg, FL 33701

You may also file an anonymous complaint by contacting our Corporate Compliance Alertline by dialing 1-To Notify Us (1-866-684-3987).