



MANATEE GLENS
Notice of Protected Health Information (PHI) 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.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health care professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Privacy Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Your PHI (diagnosis, nature of services, and treatment) cannot be accessed without your signed authorization

You have the right to:

- **Request that** we do not use or disclose your PHI in a particular way. (45 CFR 164.522)
- Obtain a paper copy of the notice of information practices upon request.
- Inspect, view (even if electronic), request a legible copy your health record as provided for in 45 CFR 164.524 and applicable Florida Statutes.
- Request to Amend your PHI within our records. (45 CFR 164.528)
- Obtain an accounting of disclosures of your PHI as provided in 45 CFR 164.528. This is a list of disclosures made for purposes other than treatment, payment or health care operations where an authorization was not required.
- Request communications of your PHI by alternative means or at alternative locations. i.e. contact you at work verses home.
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken. This must be in writing.
- Restrict certain disclosure of PHI to health plans/insurance companies when payment for services is made in cash.
- Opt out of receiving fundraising communication.

Our Responsibilities:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Notification of PHI breach

We will not use or disclose your health information without your authorization except as described in this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at (941) 782-4135.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

Treatment: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from the hospital.

Payment: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Your healthcare information may also be sent to any state or federal agency that funds a program or services from which you directly or indirectly benefit.

Regular health operations: Members of the medical staff, the risk or performance improvement manager, or members of the performance improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Members of local, county and state government and licensing agencies, as well as accreditation agencies may also use information in your health record to assess the organization performance and outcomes during their survey process.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include laboratory tests, x-rays, transcription and a healthcare record copy service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition as allowed in applicable Florida Statute 394 and 395.

Communication with Family: Health professions, as allowed by Florida Statute, may disclose to a family member, or other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

Medical Examiner: We may disclose health information to Medical Examiners consistent with applicable law to carry out their duties.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may use certain information (name, address, telephone number, or e-mail information, age, date of birth, gender, health insurance status, dates of service department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for Manatee Glens and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally related foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment at Manatee Glens.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believe in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.