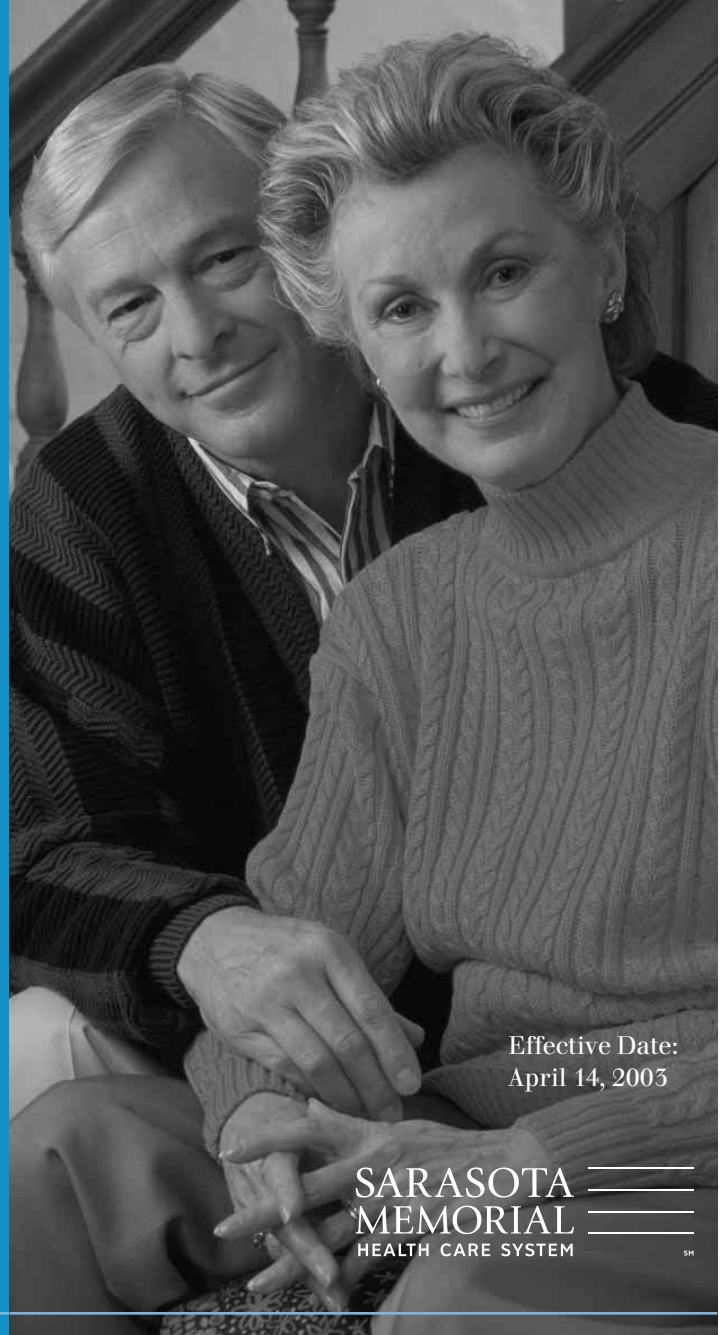


Notice Of Privacy Practices



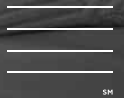
SARASOTA MEMORIAL HEALTH CARE SYSTEM



(941) 917-9000 www.smh.com

Effective Date:
April 14, 2003

SARASOTA MEMORIAL HEALTH CARE SYSTEM



1700 South Tamiami Trail Sarasota, FL 34239

Notice of 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.

If you have any questions about this Notice, please call and ask for our Privacy Officer (telephone numbers are listed on the last page of this Notice).

Who Will Follow This Notice

This joint Notice describes the privacy practices of the Sarasota Memorial Health Care System (SMHCS) and includes:

- All employees of SMHCS
- All members of the medical staff and allied health professionals for their practices within SMHCS facilities.
- Any volunteer or other person authorized to assist with your care while you are in the hospital or a patient of one of our related health care companies.

All SMHCS entities, sites and locations follow the terms of this Notice, and may share medical information with each other for treatment, payment or health care operations as described in this Notice.

The following companies make up the Sarasota Memorial Health Care System. The employees of these companies will follow the terms of this Notice.

- Sarasota Memorial Hospital
- Sarasota Memorial Home Care, Inc.
- Sarasota Memorial Hospital Auxiliary, Inc.
- First Physicians Group of Sarasota
- Cape Surgery Center
- SMH Geriatrics, Inc.
- SMH Diagnostic Services, Inc.
- Lakeside Terrace Skilled Nursing Center

Understanding Your Medical Information

Medical information is information that may identify you (such as your name, address, social security number), as well as your symptoms, examinations, test results, diagnoses, treatment, and plans for future care.

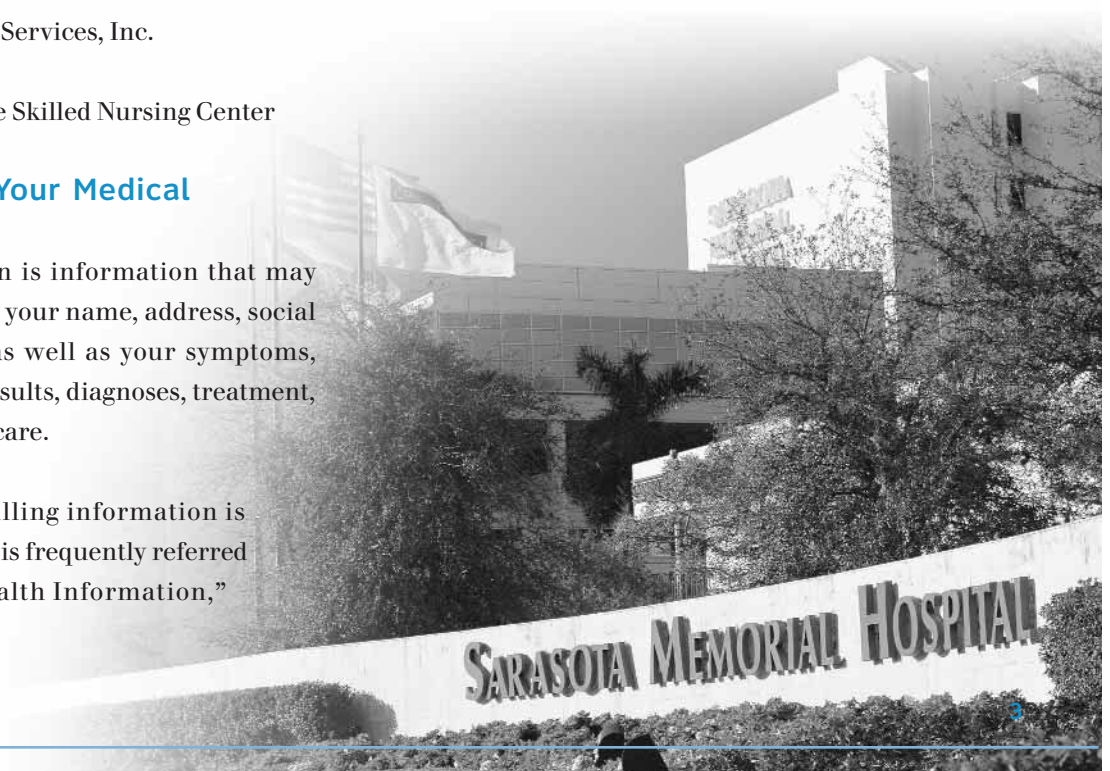
This medical and billing information is protected by law and is frequently referred to as “Protected Health Information,” or PHI.

Our pledge regarding medical information:

We understand that your medical information is personal. We are required by law to:

- Make sure your medical information is private
- Give you this Notice of our legal duties
- Follow the terms of this Notice

This Notice of Privacy Practices will tell you about the ways in which we may use and disclose your medical information. It also describes your rights, as well as certain responsibilities that we have, regarding your medical information.



How we may use and disclose medical information about you

The following categories describe different ways that we may use and disclose your medical information without your written authorization. All of the ways we are permitted to use and disclose information will fall within one of these categories:

► **For Treatment:** We may use or disclose your medical information to provide you with medical treatment or services. This information may be shared with doctors, nurses, technicians, health care students, or others who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition we may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, and x-rays.

It may also be necessary to disclose medical information about you to people outside Sarasota Memorial Health Care System who are involved in your medical care. For example, we may disclose your medical information to a home health agency or to a physician to whom you have been referred. This is to ensure that the agency or physician has the necessary information to diagnose or treat you.

► **For Payment:** We may use and disclose medical information about you so that the treatment

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 insurance company information about your surgery so they will pay us or reimburse you for the surgery.

Also, we may tell your insurance company about a treatment or service you are going to receive in order to determine whether your plan will cover the treatment or service.

► **For Healthcare Operations:** We may use or disclose medical information about you as needed for our business activities and health care operations.

These activities include, but are not limited to, quality assessment activities, employee review activities, training medical students, business planning, licensing, and other business management and general administrative activities.

For example, we may use or disclose your medical information to review our treatment and services, or to send you a patient satisfaction survey.

Your medical information may also be shared with our physicians, nurses, health care students, and other personnel for training purposes.

► **Business Associates:** We may share your medical information with third party “business associates” who perform various services for our health care system. For example, we may send your medical information to a company that assists us in billing, to a transcription service that assists us in maintaining your medical record, or to a copy service that assists us in copying your medical record.

We require our business associates to appropriately safeguard your medical information.

► **Appointment Reminders:** We may contact you by phone or leave a message to remind you of an appointment, or request you call the office or hospital.

► **Treatment Alternatives:** We may use and disclose your medical information to tell you about or recommend treatment options or alternatives.

► **Health-Related Benefits and Services:** SMHCS may use your medical information to contact you and offer other health-related services or medical education that may be of interest to you. For example, we may send you a newsletter by using your name and U.S. mail address.

► **Individuals Involved in Your Care:** We may disclose your medical information to a family

member or other persons you allow being present and involved in your care, such as a friend, relative or spouse.

We will only disclose medical information relevant to that person’s involvement in your care or payment for your care. In an emergency situation we may use and disclose your medical information to locate and notify a family member, a personal representative, or another person responsible for your care.

If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

► **Facility Directory:** If applicable, we may include limited information about you in the facility directory while you are a patient at the hospital or one of our related health care companies. For example, 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 be released to people who ask for you by name. However, directory information, including your religious affiliation, may be released to a member of the clergy even if they don’t ask for you by name.

You have the right to object to being listed in the directory. If you are unable to agree or object, we may include the information we deem is in your best interest based on our professional judgment.

In addition, we may also disclose information about you during a disaster relief effort so that your family can be notified.

► **Research:** Under certain circumstances, we may use and disclose limited medical information about you for research or quality improvement purposes. For example, a research project may involve comparing the health and recovery of all patients with the same condition who received one medication to those who received another. Also, clinicians may request our clinical research staff to review your medical information to see if you would be eligible for a study. All research projects, however, are subject to a special approval process.

► **Fundraising Activities:** As required by state law we would only use information about you for fundraising with your permission.

► **As Required By Law:** We will disclose your medical information under special situations as required by federal or state law, including:

- **Military and National Security:** We may disclose your medical information to authorized Federal officials for conducting

national security and intelligence activities, including the provision of protective services to the President.

We may also be required to disclose medical information of members of the Armed Forces:

- For activities deemed necessary by appropriate military command authorities, or
- To foreign military authorities if you are a member of that foreign military service.

- **Workers' Compensation:** We may disclose your medical information to workers' compensation and other programs providing benefits for work-related injuries or illnesses.

- **Organ and Tissue Donation:** We may release medical information to organizations that handle organ procurement, organ, eye or tissue transplantation, or to an organ donation bank.

- **Public Health:** We may use or disclose medical information about you for public health activities. For example, we may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of others.

These activities generally include the following:

- To prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To certain registries (such as the Cancer Registry) as required by law if your condition meets applicable definitions;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a government health oversight agency for

activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include government benefit programs, government regulatory programs and civil rights laws, etc.

- **Legal Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may disclose your medical information if required to do so by a law enforcement official for law enforcement purposes:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - Pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

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- About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital or any of our health care companies; 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 your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

We may also disclose your medical information to a funeral director, as authorized by law, in order for the director to carry out assigned duties.

- **Inmates:** We may release your medical information to the correctional institution or law enforcement official holding you in custody.

This release would be necessary:

- For the institution to provide you with health care;

- To protect your health and safety or the health and safety of others; or
- For the safety and security of the correctional institution.

Your Rights Regarding Your Protected Health Information

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

► The Right to Access and Copy

You have the right to access and obtain a copy of your medical information that may be used to make decisions about your care. This includes medical and billing records, but may not include psychotherapy notes or other information that is subject to laws that prohibit access.

We may deny your request to access and copy in certain limited circumstances. If you are denied access to your medical information you may request that the denial be reviewed.

Another licensed health care professional chosen by the hospital or one of our related health care companies will review your request and the denial. This health care professional will not be the person who denied your initial request, and we will comply with the outcome of that review.

To access and request a copy of your medical

information, please contact the appropriate Privacy Officer or the hospital's Health Information Management Dept by calling the telephone number listed on the last page of this Notice. A fee may be charged for making copies.

► The Right to Amend

If you think that the medical information we have about you is incorrect or incomplete, you may ask us to amend, or correct the information. You have the right to request an amendment for as long as the information is kept by, or for, our hospital or one of our related health care companies.

To request an amendment, please contact the appropriate Privacy Officer or the hospital's Health Information Management Dept by calling the telephone number listed on the last page of this Notice. You will be required to provide a reason that supports your request. Please note that we may deny your request if you ask us to amend information that:

- Was not created by us, unless the author or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for our hospital or our related health care companies;
- Is not part of the information which you would be permitted to review and copy;
- Is accurate and complete

Note: Changes to non-clinical information such as changes of address, insurance information, date of birth, etc., are not amendments and may be routinely processed.

► The Right to Request Restriction

You have the right to restrict or request a limit on the use and disclosure of your medical information for treatment, payment and health care operations as described previously in this Notice.

Additionally, you have the right to request restrictions on disclosure of information to individuals involved in your care.

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 a restriction or limitation please contact the appropriate Privacy Officer or the hospital's Health Information Management Department by calling one of the telephone numbers on the last page of this Notice.

Your request must specify:

- The information you want to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply, for example to your spouse.

► The Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way, at a certain time, or at a certain location. For example, you may ask that we only contact you at work or by U.S. mail.

To request confidential communications, you must make your request in writing to the appropriate Privacy Officer or the hospital's Health Information Management Department listed on the last page of this Notice. Your request must specify how or where you wish to be contacted.

► The Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" of your medical information. This is a list of the disclosures of your medical information that we made to others. The list does not include disclosures made:

- For treatment, payment, and health care operations
- To you
- Incidental disclosure
- In accordance with an authorization
- Through our hospital directory
- For national security or intelligence purposes

- To correctional institutions or law enforcement officials

To request an accounting of disclosures, you must submit your request in writing to the appropriate Privacy Officer or the hospital's Health Information Management Department by calling one of the telephone numbers listed on the last page of this Notice. Your request must state:

- A time period for which you want the accounting.
- In what form you wish to receive the accounting (for example, paper or electronically).

The first accounting you request within a 12-month period will be free. For additional accountings, a fee may be charged for providing the list. We will notify you of the fee before any costs are incurred.

► The Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice and you may request a copy at any time from any member of our staff. In addition, you may obtain a copy of this Notice at any of our websites.

If you have any questions regarding these rights please contact one of our Privacy Officers using the telephone contact list on the last page of this Notice, or ask any member of our staff to contact a Privacy Officer for you.

Other Uses Of Your Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission.

If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

We are unable to take back any disclosures that we have already made, and we are required by law to retain our records of the care that we provided to you.

Complaints

If you believe your privacy rights have been violated, you may call 917-9000 and ask for Sarasota Memorial Health Care System's Director of Risk Management or submit your complaint in writing to the Director of Risk Management, 1700 South Tamiami Trail, Sarasota, Florida 34239.

If we cannot resolve your concern, you also have the right to file a written complaint with the

Secretary of the U.S. Department of Health and Human Services.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Changes To This Notice

We reserve the right to change this Notice of Privacy Practices. We also reserve the right to apply any changes to this Notice to the medical information that is already in our possession as well as to any future medical information.

We will post a copy of our current Notice of Privacy Practices, including the effective date, in each of our health care locations as well as each of our websites.

In addition, whenever changes to the Notice occur, we will offer you a copy of the latest Notice of Privacy Practices each time you register at one of our facilities.

Acknowledgement

We will ask you to sign and date a form indicating your receipt of this Notice of Privacy Practices.

Telephone Contact List (area code 941)

Please use this telephone list to contact the appropriate member of our staff to help you with questions regarding this Notice of Privacy Practices:

Sarasota Memorial Hospital-Privacy Officer
917-9000

Sarasota Memorial Health Information
Management Department 917-9000

Sarasota Memorial Risk Management
917-9000

First Physicians Group (*) 917-4071

Cape Surgery Center 917-1900

Lakeside Terrace Skilled Nursing Center
917-4950

Sarasota Memorial Home Care Inc.
917-7730

Sarasota Memorial Hospital Auxiliary, Inc.
917-9000

SMH Geriatrics, Inc. 917-9000

SMH Diagnostic Services, Inc. 917-9000

(*) To request copies of your medical information from First Physicians Group call the office directly.