

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003; Most Recently Updated: September 1, 2017



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.

Our Obligation to You

Boca Raton Regional Hospital, Inc. and its affiliated covered entities (“BRRH”) value the privacy of your medical information as an important part of our commitment to the highest ethical standards. The protection of patient privacy is an essential component of our Code of Conduct and all employees and persons covered under this Notice are expected to preserve and maintain patient privacy. We strive to use only the minimum amount of your health information necessary for the purposes described in this Notice.

When we collect information from you it is used to provide quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your health information, and to give you this Notice of our legal duties, our privacy practices, and your rights. This Notice of Privacy Practices may require updating from time to time and we are required to follow the terms of our most current Notice. When we disclose information to other persons and companies to perform services for us, they will be required to protect your privacy. There are other laws we will follow that may provide additional protections, such as laws related to mental health, alcohol and other substance abuse, communicable diseases, or other health conditions.

This Notice covers the following affiliated covered entities and people:

BRRH, including but not limited to, Boca Raton Regional Hospital, Inc., BRRH Home Health Services, Inc., Boca Care, Inc., and any affiliates or subsidiaries of these entities which includes each of their employed or affiliated healthcare professionals, administrative staff, contractors, students, and volunteers authorized to access, use, disclose or store your individually identifiable health information. Your doctor or other health professionals you receive care from may have different policies or notices about the privacy of health information that was created in their private office or clinic.

How We May Use and Disclose Health Information

Treatment: We may use and disclose your health information to provide treatment or services, to coordinate or manage your healthcare, or for medical consultations or referrals. We may use and disclose your health information among doctors, nurses, technicians, medical students and other personnel who are involved in taking care of you at our facilities or with such persons outside our facilities. We may use or share information about you to coordinate the different services you need, such as prescriptions, lab work and X-rays. We may disclose information about you to people outside our facility who may be involved in your care after you leave, such as family members, home health agencies, therapists, nursing homes, clergy, and others. We may give information to your health plan or another provider to arrange a referral or consultation.

Payment: We may use and disclose your health information so that we can receive payment for the treatment and services that were provided. We may share this information with your insurance company or a third party used to process billing information. We may contact your insurance company to verify what benefits you are eligible for, to obtain prior Authorization, and to tell them about your treatment to ensure that appropriate payment for your care can be facilitated. If you pay for your healthcare entirely out-of-pocket, you may request that we not share your information with your insurance company. We may disclose information to third parties who may be responsible for payment, such as family members, or to bill you. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.

Healthcare Operations: We may use and disclose your health information as necessary to operate our facility and make sure that all of our patients receive quality care. We may use health information to evaluate the quality of services that you received, or the performance of our staff in caring for you. We may use health information to improve our performance or to find better ways to provide care. We may use health information to grant medical staff privileges or to evaluate the competence of our healthcare professionals. We may use your health information to decide what additional services we should offer and whether new treatments are effective. We may disclose information to students and professionals for review and learning purposes. We may combine our health information with information from other healthcare facilities to compare how we are doing and see where we can make improvements. We may use health information for business planning, or disclose it to attorneys, accountants, consultants and others in order to comply with the law. We may remove health information that identifies you so that others may use the de-identified information to study healthcare and healthcare delivery without learning who you are.

Health Information Exchanges: We may participate in Health Information Exchanges (HIEs), Accountable Care Organizations (ACOs), Clinically Integrated Networks (CINs), and other integrated health delivery systems to facilitate the secure exchange of your electronic health information between and among several healthcare providers or other healthcare entities for your treatment, payment, or other healthcare operations purposes. This means we may share information we obtain or create about you with other BRRH entities and with outside entities (such as hospitals, doctors offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your healthcare services. In addition, if you visit any of our facilities, your health information may be available to other clinicians and staff who may use it to care for you, to coordinate your health services or for other permitted purposes.

Appointment Reminders and Service Information: We may use or disclose your health information to contact you to provide appointment reminders, or to let you know about treatment alternatives or other health related services or benefits that may be of interest to you.

Individuals Involved In Your Care: We may give your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may give your information to someone who helps pay for your care. We may share your information with other healthcare professionals, government representatives or disaster-relief organizations, such as the Red Cross, in emergency or disaster-relief situations so they can contact your family or friends or coordinate disaster-relief efforts.

Organized Healthcare Arrangement (OHCA): BRRH, its contracted physicians and clinicians, as well as the independent contractor members of its Medical Staff (including your physician), have agreed, as permitted by law, to share your health information among themselves for purposes of your treatment, payment, or healthcare operations. This enables us to better address your healthcare needs.

Patient Directories: We may keep your name, your location in the facility and your general condition in a directory which can be given to anyone who asks for you by name. Members of the clergy may also have access to that information as well as your religious affiliation, even if they do not know your name. You may ask us to keep your information out of the directory (opt out), but you should know that if you do, visitors and florists will not be able to find your room. Even if you ask us to keep your information out of the directory, we may share your information for disaster-relief efforts or in declared emergency situations.

Foundation and Fundraising Activities: We depend extensively on private fundraising to support our healthcare missions. We may use and share your name, address, date of birth, gender, and other limited information with our Foundation to contact you, including the dates of your care, treating physician, department of service, outcome information, and insurance status (but not your specific treatment information) so that we may provide you with an opportunity to make a donation to our fundraising programs. If we do contact you for fundraising purposes, you may always elect not to receive such communications in the future (opt out) and should know that opting out will have no impact on the medical care you receive from our care providers. If you wish to opt out from receiving (or at a later date wish to receive) fundraising communications, you may always contact the Hospital's Foundation at 561.955.4142 or Foundation@brrh.com.

Research: We have an active research program that conducts studies which may involve your current care or involve reviews of your medical history. In most cases, we ask for your written Authorization before using or sharing your medical information for research purposes. However, in limited circumstances, as permitted by law, we may use or disclose your health information without your Authorization for research that has been approved by one of our official research review boards, which has evaluated the research proposal, and which has established standards to protect the privacy of your health information. For example, we may disclose your health information to a researcher preparing to conduct a research project so that the researcher may determine whether there are enough potential research participants available in the area, or so they may contact you to determine your interest in participating in a research project. We may also use or disclose your health information in a research study that may involve a chart review to compare outcomes of patients who received different types of treatments. These studies will not affect your treatment or welfare.

Organ and Tissue Donation: We may use or disclose your health information in connection with organ donations, eye or tissue transplants or organ donation banks, as necessary to facilitate these activities.

Public Health Activities: We may disclose your health information to public health or legal authorities whose official activities include preventing or controlling disease, injury, or disability. For example, we must report certain information about births, deaths, and various diseases to government agencies. We may disclose health information to coroners, medical examiners, and funeral directors as allowed by the law to carry out their duties. We may use or disclose health information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may use or disclose health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Serious Threat to Health and Safety: We may use or disclose your health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. We will only disclose health information to someone reasonably able to help prevent or lessen the threat, such as law enforcement or government officials.

Required by Law, Legal Proceedings, Health Oversight Activities, and Law Enforcement: We will disclose your health information when we are required to do so by federal, state or other laws. For example, we may be required to report victims of abuse, neglect or domestic violence, as well as patients with gunshot and other wounds. We will disclose your health information when ordered in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons or other lawful process. We may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses, victims of crime, or missing persons. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct, or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

Specialized Government Functions: If you are in the military or a veteran, we will disclose your health information as required by command authorities. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations. We may disclose health information to make medical suitability determinations for Foreign Service.

Correctional Facilities: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

Workers Compensation: We may disclose your health information as required by applicable workers compensation and similar laws.

Your Written Authorization: Other uses and disclosures of your health information not covered by this Notice, or the laws that govern us, will be made only with your written Authorization.

You may revoke your Authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your Authorization. We are unable to take back any disclosures that were already made with your Authorization, and we are required to retain the records of the care that we provided to you.

Sensitive Personal Information: In addition, federal and state law may require special privacy protections for certain sensitive categories of personal information about you, including certain subsets of your information that are: (1) maintained in psychotherapy notes; (2) about mental health and developmental disabilities; (3) about alcohol and drug abuse prevention, treatment and referral; (4) about HIV/AIDS testing, diagnosis or treatment; (5) about genetic testing; (6) about child abuse and neglect; (7) about domestic abuse of an adult with a disability; or (8) about sexual assault (collectively your “Personal Information”). In order for your Personal Information to be disclosed for a purpose other than those permitted by law, the Authorization or consent of you or your personal representative must be obtained. In certain instances, you may receive additional notices from us regarding your Personal Information.

Marketing: We are not permitted to provide your health information to any other person or company for the marketing to you of any products or services without your Authorization. We are also not permitted to receive payment in exchange for making such marketing communications to you without your Authorization. However, we are permitted to use your health information for communications with you about refill reminders, or currently prescribed drugs and biologics if any payments received in exchange for making the communication is reasonable and related to the cost of making the communication. In addition, we may use your health information to communicate with you about health-related products, services provided by us (including the payment for such products or services) or our participation in a provider network. Finally we may use your health information to communicate with you for treatment purposes, including case or care coordination, or any alternative treatments, therapies, providers or settings of care.

Sale of Protected Health Information: Your Authorization must be obtained prior to selling your health information and the Authorization must advise you that the disclosure will result in a payment to the organization releasing your health information.

Your Privacy Rights Regarding Your Health Information

Right to Obtain a Copy of This Notice of Privacy Practices: We will post a copy of our current Notice in our facilities and on our website, BRRH.com. A copy of our current Notice will be available at our registration areas or upon request. See continuation for process to exercise your privacy rights regarding your health information.

Right to See and Copy Your Health Record: You have the right to look at and receive a copy of your health record or your billing record. If you would like a copy of your health record, a fee will be charged for the labor, supplies and cost of copying or mailing your record. Records will be provided in paper or electronic format at the patient’s request. Costs and fees charged will vary based upon the method of delivery. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

Right to Request an Update in the Form of an Amendment to Your Health Record: If you believe that a piece of important information is missing from your health record or is incorrect, you have the right to request that we amend your record. Your request must be in writing, and it must contain the reason for your request. We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information is not contained in records that you would be permitted by law to see and copy. Even if we accept your request for amendment, we may do so by appending your request to amend your records or providing a link to the request for amendment, but we will not delete any information already in your records.

Right to Get a List of the Disclosures We Have Made: You have the right to request a list of the disclosures that we have made of your health information. The list will not contain disclosures from paper medical records that we have made for the purposes of treatment, payment and healthcare operations. It will not contain disclosures that were authorized by you, and certain other disclosures excluded by law. The list will not contain disclosures that were made before April 14, 2003. If your records are kept using electronic medical records, the list of disclosures will include those we have made for the purposes of treatment, payment and healthcare operations starting with all disclosures made after January 1, 2014. The list will be limited to disclosures for a three-year period prior to the date of your request. The first list you request in a 12-month period is free. For additional lists, we may charge a fee, as permitted by law.

Right to Request a Restriction on Certain Uses or Disclosures: You have the right to request that we limit how we use and disclose your health information. We are legally required to accept certain requests to not disclose health information to your health plan for payment or healthcare operations purposes if you have paid in full out of your own pocket for the item or service. We are not legally required to accept any other request for a restriction, but we will consider your request. If we do accept it, we will comply with your request, except if you need emergency treatment.

Right to Choose How You Receive Your Health Information: You have the right to request that we communicate with you in a certain way, such as by mail or fax, or at a certain location, such as a home address or post office box. We will try to honor your request if we reasonably can. Your request must be in writing, and it must specify how or where you wish to be contacted.

Right to Be Notified of a Breach of Your Unsecured Health Information: If it is determined that a reportable breach of your unsecured health information has occurred, we are required to notify you. An impermissible use or disclosure of protected health information is presumed to be a breach unless BRRH or its business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment of at least the following factors:

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
2. The unauthorized person who used the protected health information or to whom the disclosure was made;
3. Whether the protected health information was actually acquired or viewed; and
4. The extent to which the risk to the protected health information has been mitigated.

In the unusual case that there is a reportable breach involving your unsecured protected health information we will notify you of the circumstances involving the breach within 30 days from the date we become aware of the breach. Breaches of unsecured protected health information are also reported, as required by law, to the U.S. Department of Health and Human Services, Office of Civil Rights.

Process for Exercising Your Privacy Rights Regarding Your Health Information

To exercise any of your privacy rights regarding your health information described above, please submit your request in writing to the facility where you received treatment or if your treatment was received at Boca Raton Regional Hospital, then please contact the Health Information Management Manager at 561.955.4662. You may also contact the BRRH Chief Compliance and Privacy Officer via phone at 561.955.3553 or via email at compliance@brrh.com with any questions or concerns you may have.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint in writing with the Chief Compliance and Privacy Officer listed below and you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services c/o the Office of Civil Rights. We will take no retaliatory action against you if you raise any privacy concerns or file a complaint about our privacy practices.

Contact Person

If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact the facility where you received treatment, or contact us at the address below:

Chief Compliance and Privacy Officer

Boca Raton Regional Hospital, 800 Meadows Road, Boca Raton, Florida 33486
compliance@brrh.com | 561.955.3553

Anonymous concerns may be reported through the BRRH Action Hotline at 866.338.2724.

Changes to this Notice of Privacy Practices

We are required to abide by the terms of the Notice currently in effect. However, we reserve the right to change our privacy practices and this Notice at any time and without further notice consistent with applicable laws. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. Any revised Notice will be effective upon the posting of it on the Boca Raton Regional Hospital website at BRRH.com and is available upon request made to the Chief Compliance and Privacy Officer.

Una copia de este Aviso de prácticas de privacidad está disponible en español si lo solicita.

Yon Kopi Avi sa a sou Pratik Enfòmasyon Prive disponib nan lang Kreyòl sou demann.

Boca Raton Regional Hospital and its affiliated entities, located in Boca Raton, Florida, are a non-profit integrated healthcare delivery organization serving the South Florida region. Boca Raton Regional Hospital and its affiliated entities focus their efforts and resources on the health and welfare of the patients they serve by providing superior nursing care and the most sophisticated technology available to advance the boundaries of medicine. For purposes of this Notice of Privacy Practices and for privacy purposes only, Boca Raton Regional Hospital, Inc. its parent organization, BRRH Corporation, and each of their affiliated covered entities are organized as an Affiliated Covered Entity (ACE), as described in 45 CFR §164.105(b); legally separate covered entities that are affiliated may designate themselves as a single covered entity and may adopt one Notice of Privacy Practices.



**BOCA RATON
REGIONAL HOSPITAL**

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