

FRI - DIAGNOSTIC IMAGING AT LAKE MARY, LLC

(FRI - Diagnostic Imaging Princeton, FRI - Diagnostic Imaging Waterford Lakes, FRI - Diagnostic Imaging Oviedo, FRI - Diagnostic Imaging Lake Mary, FRI - Diagnostic Imaging Lake Nona)

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

What type of medical information is covered by this Notice?

Medical information covered by this Notice is information that identifies you or could be used to identify you that is collected from you or created or received by Florida Hospital and that relates to your past, present or future physical or mental health condition, including health care services provided to you and payment for such health care services.

If you have any questions about this notice, please contact FRI - Diagnostic Imaging Risk Management at 701 East Altamonte Drive, Suite 3000, Altamonte Springs, FL 32701, or call (407) 303-3359.

Section A: Who will follow this notice?

This notice describes FRI - Diagnostic Imaging at Lake Mary, LLC, practices and that of:

- ▶ Any health care professional authorized to enter information into your medical chart
- ▶ All departments and units of FRI - Diagnostic Imaging at Lake Mary, LLC
- ▶ Any member of a volunteer group we allow to help you while you are in FRI - Diagnostic Imaging at Lake Mary, LLC
- ▶ All employees, staff and other personnel of FRI - Diagnostic Imaging at Lake Mary, LLC

In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital-operations purposes described in this notice. This list may not reflect recent acquisitions or sales of entities, sites or locations.

Section B: Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at FRI - Diagnostic Imaging at Lake Mary, LLC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by FRI - Diagnostic Imaging at Lake Mary, LLC, whether made by FRI - Diagnostic Imaging at Lake Mary, LLC, personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ▶ Use our best efforts to keep medical information that identifies you private
- ▶ Give you this notice of our legal duties and privacy practices with respect to medical information about you
- ▶ Follow the terms of the notice that is currently in effect

Section C: How We May Use and Disclose Medical Information About You

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment and health care operation aspects of your care. For example, we may share your information orally, via FAX, on paper or through electronic exchange.

We also ask you for consent to share your medical information in the Admission Agreement you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the all reasons described below. You may view a list of the main state laws that require consent (Attachment A) by clicking here http://www.adventisthealthsystem.com/Portals/1/docs/NPPP/NPP_AttachmentA_StateLaw.pdf, or you may ask the registration clerk for a paper copy. If you do not want to consent to these disclosures, please contact the Privacy Officer to determine if we can accept your request.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

▶ **Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other FRI - Diagnostic Imaging at Lake Mary, LLC, personnel who are involved in taking care of you at the hospital. For example, a technologist who is performing an MRI procedure would need to know if you had a pacemaker or aneurysm clip. Different departments of FRI - Diagnostic Imaging at Lake Mary, LLC, also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside FRI - Diagnostic Imaging at Lake Mary, LLC, who may be involved in your medical care, such as family members, friends or others we use to provide services that are part of your care.

▶ **Payment:** We may use and disclose medical information about you so that the treatment and services you receive at FRI - Diagnostic Imaging at Lake Mary, LLC, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to disclose your health plan information about an imaging procedure you received at FRI - Diagnostic Imaging at Lake Mary, LLC, so your health plan will pay us or reimburse you for the imaging procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

▶ **Health Care Operations:** We may use and disclose medical information about you for operations at FRI - Diagnostic Imaging at Lake Mary, LLC. These uses and disclosures are necessary to run FRI - Diagnostic Imaging at Lake Mary, LLC, and make sure all our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use and disclose your information as needed to conduct or arrange for legal services, auditing or other functions. We may give out your medical information to our business associates that help us with our administrative and other functions. These business associates may include consultants, lawyers, accountants and other third parties who provide services to us. The business associates may re-disclose your medical information as necessary for our health care operations functions, or for their own permitted administrative functions, such as carrying out their legal responsibilities. We may also combine medical information about many patients to decide what additional services FRI - Diagnostic Imaging at Lake Mary, LLC, should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other FRI - Diagnostic Imaging at Lake Mary, LLC, personnel for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients. Once we have removed information that identifies you, we may use the data for other purposes. We may also disclose your information for certain health care operation purposes to other entities that are required to comply with HIPAA if the entity has had a relationship with you. For example, another health care provider that treated you or a health plan that provided insurance coverage to you may want your medical information to review the quality of the services you received from them.

▶ **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at FRI - Diagnostic Imaging at Lake Mary, LLC.

▶ **Treatment Alternatives:** We may use and disclose medical information to tell you of about or recommend possible treatment options or alternatives that may be of interest to you.

▶ **Health-related Benefits and Services:** We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

▶ **Individuals Involved in Your Care or Payment for Your Care:** We may release medical 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 FRI - Diagnostic Imaging at Lake Mary, LLC. 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.

- ▶ **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects involving people, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, unless most or all of the patient identifiers are removed, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave FRI - Diagnostic Imaging at Lake Mary, LLC. If required by law, we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at FRI - Diagnostic Imaging at Lake Mary, LLC.

▶ **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.

▶ **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section D: Special Situations

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

▶ **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose information to entities that determine eligibility for certain veterans' benefits.

▶ **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

▶ **Public Health Risks:** We may disclose medical information about you for public health activities. 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 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 if you agree or when required or authorized by law)

▶ **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

▶ **Lawsuits and Disputes:** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, 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 release medical information if asked to do so by a law enforcement official:

- ▶ In response to a court order, subpoena, warrant, summons or similar process
- ▶ To identify or locate a suspect, fugitive, material witness or missing person
- ▶ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- ▶ About a death we believe may be the result of criminal conduct
- ▶ About criminal conduct at FRI - Diagnostic Imaging at Lake Mary, LLC
- ▶ 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 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 release medical information about patients of FRI - Diagnostic Imaging at Lake Mary, LLC, to funeral directors as necessary to carry out their duties.

▶ **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

▶ **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

▶ **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You

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

▶ **Right to Inspect and Copy:** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format, and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the person we are to send your PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

▶ **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ▶ Was not created by us, unless the person 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 FRI - Diagnostic Imaging at Lake Mary, LLC
- ▶ Is not part of the information which you would be permitted to inspect and copy
- ▶ Is accurate and complete



FRI - Diagnostic Imaging

FLORIDA HOSPITAL CONNECTED CARE

FRI - Diagnostic Imaging at Lake Mary, LLC, is a facility affiliated with Adventist Health System (AHS). Except for tailoring this Notice for each AHS facility and specific state laws, all AHS facilities generally follow this same Notice. This Notice applies to all of the health records that identify you and the care you receive at AHS facilities. <http://www.adventisthealthsystem.com/AboutUs/WebsitePrivacyPolicy/AffiliatedEntities.aspx>

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

notice at the FRI - Diagnostic Imaging at Lake Mary, LLC, locations, as well as on our website. The notice will contain on the first page, in the top right hand corner, the effective date.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with FRI - Diagnostic Imaging at Lake Mary, LLC, or with the Secretary of the Department of Health and Human Services. To file a complaint with FRI - Diagnostic Imaging at Lake Mary, LLC, contact Risk Management by calling (888) 924-8433. All complaints must be submitted in writing to FRI - Diagnostic Imaging Risk Management, 701 East Altamonte Drive, Suite 3000, Altamonte Springs, FL 32701.

You will not be retaliated against for filing a complaint.

Section H: Other Uses of Medical Information That Require Authorization

The following types of uses and disclosures of medical information will be made only with your written permission:

▶ **Psychotherapy Notes:** Psychotherapy notes are notes that your psychiatrist or psychologist maintains separate and apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, the disclosure is to defend the psychiatrist or psychologist in a lawsuit brought by you, or the disclosure is used to treat you or to train students.

▶ **Marketing:** We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a gift that does not cost much to tell you about the new health care product or service. We must also tell you if we are getting paid by someone else to tell you about a new health care item or service.

▶ **Selling Medical Information:** We are not allowed to sell your medical information without your permission, and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information or we can use or disclose your medical information without your permission if we are required or permitted by law, such as for public health purposes.

If you provide us with authorization 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. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Section I: Organized Health Care Arrangement

The physicians employed by FRI - Diagnostic Imaging at Lake Mary, LLC, also have medical staff privileges at local area hospitals. As permitted by law, the physicians employed by FRI - Diagnostic Imaging at Lake Mary, LLC, may share your medical information with the hospital while the hospital and physicians are jointly providing care for you at the hospital. The hospital will provide you with a joint notice, separate from this one, that will explain how your medical information will be used and disclosed.

▶ **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice by visiting www.FloridaHospitalFRI.com.

Section F: 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 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