

FLORIDA HOSPITAL MEDICAL GROUP HIPAA 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.

Effective Date: September 23, 2013

Florida Hospital Medical Group (Physician Group) 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, including; Florida Hospital for Children, Florida Hospital Orlando, Florida Hospital Altamonte, Florida Hospital Apopka, Florida Hospital East Orlando, Florida Hospital Celebration Health, Florida Hospital Kissimmee, Winter Park Memorial (Florida Hospital), and all Florida Hospital Medical Group practices.

<http://www.adventisthealthsystem.com/about-us/website-privacy-policy/affiliated-entities>

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

If you have any questions about this notice, please contact the Local Corporate Responsibility and Privacy Officer, Elizabeth Skinner, at (407) 200-2023.

SECTION A: WHO WILL FOLLOW THIS NOTICE

This notice describes Physician Group's practices and that of:

>Any physician employee of Physician Group authorized to enter information into your medical chart.

>All departments and practice locations of Physician Group.

>All employees, staff and other personnel of Physician Group.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or practice 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 the practice. 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 Physician Group.

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; and
- 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. 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 Physician Group personnel who are involved in taking care of you at the practice. For example, your medical information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you. We 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 Physician Group 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 Physician Group 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 health plan information about an office visit you received at Physician Group so your health plan will pay us or reimburse you for the office visit. 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 Physician Group's operations. These uses and disclosures are necessary to run Physician Group and make sure that all of 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 that 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 Physician Group 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 Physician Group 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 who the specific patients are. 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 Physician Group.

>**Treatment Alternatives.** We may use and disclose medical information to tell you 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 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.

>**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' need 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 the hospital. 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 Physician Group.

>**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 Physician Group; 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 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 Physician Group 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 practice 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 practice. 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 the practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

>**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. The accounting will exclude certain disclosures as provided in applicable laws and rules such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

>**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about an in-office procedure you had.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except in limited circumstances where you have paid for medical services out-of-pocket in full at the time of the service and have requested that we not disclose your medical information to a health plan. To the extent we are able, we will restrict disclosure to your health plan. We will not be able to restrict disclosures of your medical information to a health plan if the information does not relate solely to the health care item or service for which you have paid in full. For example, if you are having a medically necessary procedure that will be paid for by your health plan, and you request to pay cash for a cosmetic procedure that will be performed during the same encounter, we may not always be able to restrict your requested disclosure. Please also know that you have to request and pay for a restriction for all follow-up care and referrals related to that initial health care service that was restricted in order to ensure that none of your medical information is disclosed to your health plan. You, your family member, or other person may pay by cash or credit, or you may use money in your flexible spending account or health savings account. Please understand that your medical information will have to be disclosed to your flexible spending account or health savings account to obtain such payment.

If we do agree, we will comply with your request unless the disclosure is otherwise required or permitted by law. For example, we may disclose your restricted information if needed to provide you with emergency treatment.

>**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

>**Right to a Notice of Breach.** You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

>**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 at our website, <https://www.fhmedicalgroup.com/notice-privacy-practices>

>**Right to Decline Participation in Health Information Exchange.** AHS has electronically connected the medical information each AHS facility has in your medical record through a series of interfaces, named iNetwork. iNetwork contains a summary of your most relevant medical information that includes at a minimum, available information regarding your demographics, insurance, problem list, medication list, radiology reports, and lab reports. Making your medical information available through iNetwork promotes efficiency and quality of care. You may choose not to allow your medical information to be shared through iNetwork. It is not a condition of receiving care. If you do not want your medical information shared through iNetwork, please contact the Privacy Officer at the phone number below. Once we process your request, your health care providers will no longer be able to view your medical information in iNetwork. This means that it may take longer for your health care providers to get medical information they may need to treat you.

AHS and its affiliated facilities may also choose to share medical information electronically with other health care providers located near or in the same state as an AHS affiliated facility through regional or state health information exchanges. You may choose not to allow your medical information to be shared through regional or state health information exchanges by either refusing to sign an authorization form or contacting the Privacy Officer at the number below, depending on the consent process of the regional or state health information exchange. This means that it may take longer for your health care providers to get information they may need to treat you. However, even if you do not want to participate in a state health information exchange, certain state law reporting requirements, such as the immunization registry, will still be fulfilled through health information exchange, and some states still allow health care providers to access your medical information through a regional or state health information exchange if needed to treat you in an emergency.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request: The Local Corporate Responsibility and Privacy Officer, Elizabeth Skinner, at (407) 200-2023.

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 notice in Physician Group, 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 the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Florida Hospital Medical Group, contact Elizabeth Skinner, at (407) 200-2023. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

SECTION H: OTHER USES OF MEDICAL INFORMATION THAT REQUIRE YOUR 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 sub-contractors 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 Physician Group, also have medical staff privileges at local area hospitals. As permitted by law, the physicians employed by Physician Group 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 when you are treated at the hospital.



FLORIDA HOSPITAL
MEDICAL GROUP

ATTACHMENT A TO NOTICE OF PRIVACY PRACTICES
SUMMARY OF STATE LAWS THAT REQUIRE YOUR CONSENT

FLORIDA LAW

Hospital

Medical Records. We will not release your medical record without your written consent, except as follows: to individuals currently involved in your care; to licensed facility personnel for administrative, quality assurance and risk management purposes; disciplinary proceedings of professional boards; the Agency for Health Care Administration; the Department of Health to establish a trauma registry; the Department of Children and Family Services to investigate child abuse and elder abuse; the local trauma agency; organ procurement organizations; the Medicaid Fraud Control Unit; the Department of Financial Services; a regional poison control center; or in a civil or criminal action, if the person seeking your medical records has issued a subpoena and given you notice.

Physician

Medical Records. We will not release your medical record without your written consent, except as follows: for treatment purposes, for a compulsory physical exam required by law for a legal proceeding, to a regional poison control center, to defend ourselves in a medical negligence action or administrative proceeding, to the Department of Health for any professional disciplinary proceedings if you do not authorize the disclosure (they do not have to ask your permission if the disciplinary proceeding involves misuse of controlled substances or if you are assisting your physician in any fraudulent activity), to the Medicaid Fraud Control Unit of the Department of Legal Affairs if you are a Medicaid recipient, or in a civil or criminal action, if the person seeking your medical records has issued a subpoena and given you notice.

Hospice

Medical Records. We will not release your medical record, unless you give us written informed consent, there is a court order to release, or we are required by law to report statistical information to a state or federal agency.

Sensitive Information

Genetic Information. Florida law provides that the identity and results of DNA analysis are the exclusive property of the individual tested and disclosure is prohibited without consent except for purposes of criminal prosecution, determining paternity and acquiring specimens.

AIDS/HIV Information. We will only release your positive preliminary HIV test results without your consent to: (1) a licensed physician or medical and nonmedical personnel subject to significant exposure, (2) health care providers and the person tested when decisions about medical care or treatment cannot wait for the results of confirmatory testing, and (3) as approved by the federal Food and Drug Administration.

We may release your positive AIDS/HIV test result without your permission to: medical personnel subject to significant exposure, health care providers and their employees who are treating you or handle or process specimens of body fluids, the county and federal Department of Health, payers for purposes of getting paid, health facilities or providers that procure, process distribute or use human body parts from a deceased person, staff involved with quality review, medical or epidemiological researchers, a person allowed access by the judge of compensation claims of the Division of Administrative Hearings, any person responsible for the care of a child with AIDS/HIV, employees of residential facilities or community-based care programs that care for developmentally disabled persons, or pursuant to a court order.

Sexually Transmissible Diseases. We will not disclose medical information about your sexually transmissible diseases without your permission, unless we need to make a disclosure to medical personnel, we are required to release such information to those involved with ensuring jail inmates have been tested, or as necessary to evaluate a subpoena request.

Mental Health Information. We will not disclose your mental health information without your express and informed consent, unless your attorney needs the information to represent you, we are ordered by the court, you are in jail, you have declared an intent to harm another person, your information is needed by the Medicaid Fraud Unit of the Department of Legal Affairs, your information is needed by the Agency for Healthcare Administration and Florida Advocacy Councils for purposes of monitoring facilities and answering patient complaints, your information is needed to determine involuntary outpatient placement, the release is to a qualified researcher or aftercare treatment provider. We may provide a summary of your mental health information to your parent or next of kin.

Alcohol and Drug Abuse Information. We will not disclose your alcohol and drug abuse information without your permission unless, we need to disclose this information to medical personnel in a medical emergency, we need the information to treat you, there is an audit review of the service provider, we are required to report information to the Department of Health for scientific research, the court orders disclosure, there is suspected child abuse and neglect, or if a crime is committed on our property.

Communications with Your Psychologist. Your communications with your psychologist may not be released without your permission unless, the psychologist is a defendant in a civil, criminal or disciplinary action filed by you. Also, if there is a clear and immediate probability of physical harm to you or to society, your psychologist may release your confidential information to the potential victim, appropriate family member, law enforcement or other appropriate authorities.

GEORGIA LAW

All Providers

Evidence in a Legal Proceeding: We will only release your medical information as evidence in a legal proceeding where authorized or required by law or court order, or upon written authorization by the patient or his/her representative.

Sensitive Information

HIV/AIDS Information: We will get your consent to release your HIV/AIDS information, unless we need the information for treatment, we are required by law to report the diagnosis to the Department of Public Health, we believe your spouse, sexual partner or other family member is at risk, or if your physician or other care provider came in contact with AIDS/HIV bodily fluids.

Mental Health & Substance Abuse Information: We will get your consent to release your mental health and substance abuse information, unless we need the information for treatment, when transferring you to a different facility, if ordered by the court or required by law.

Genetic Testing: We will use your genetic information to treat you, but will only release your genetic information to others when you give us permission.

KENTUCKY LAW

Hospital

In General: We will ask you for authorization to disclose your medical information except, we may use your medical information to treat you and may provide a copy or access to authorized personnel or for consultations, or we may release your medical information if ordered by the court.

Nursing Home

Medical Records. We will not release your medical information without your consent, unless we are transferring you to another facility, we are required by law, or we are required to make a disclosure by a third-party payment contract.

Home Health Agency

Medical Records. We must keep your medical information confidential unless you allow further disclosure.

Hospice

Medical Records. We must keep your medical information confidential unless you allow further disclosure.

Sensitive Information

Mental Health Records: We will get your permission to disclose your mental health information except when: we are permitted to release the information to comply with Kentucky law, there is a federal governmental inquiry, or if ordered by the court.

Alcohol and Drug Abuse Information: We will ask you for permission to disclose your alcohol and drug abuse information except: no authorization is required for internal communication within a treatment program or between a program and an entity having direct administrative control for purposes related to provision of services.

AIDS/HIV Information: We will not disclose your identity or test results without your permission, except to the following persons: any person you authorize the release to, anyone treating you, state required reporting, health care facilities that process human body parts; quality review; authorized medical or epidemiological researchers who shall not further disclose any identifying characteristics or information; or a person allowed access by a court order.

Family Planning. All lists and medical records maintained by hospitals and medical laboratories for birth defects, stillbirths, and high-risk conditions shall be confidential and may only be reported to the State or if you give us written consent.

Abortion: Your abortion information is confidential and may only be released to individuals involved in your care, as required by Kentucky law, or as required by third party payment contract.

Communications With Your Psychologist. Your communications with your psychologist are privileged.

KANSAS LAW

Home Health Agency

In General. We will ask you for written consent for release of your medical information unless we are required to disclose your medical information by law.

Sensitive Information

Mental Health, Alcohol and Drug Abuse. Your medical information is confidential and you may claim a privilege to prevent disclosure except as follows: for your involuntary commitment for treatment; when a judge orders the examination of your mental, alcoholic, drug dependency or emotional condition; in any proceeding when you use a defense of mental illness or alcohol or drug abuse; when required by law to report to the State of Kansas; for your emergency treatment; when we need to release your information to protect a person who has been threatened with substantial physical harm by you during the course of treatment; for disclosures by a state psychiatric hospital to appropriate administrative staff of the department of corrections; when we believe disclosing your information to you will be injurious to your welfare; when we are required to release your information to a state or national accreditation, certification or licensing authority, or scholarly investigator with their promise to only disclose your identity to those authorized by law; any information to the state protection and advocacy system requires to be available by a federal grant-in-aid program; when we try to collect payment; for investigations or proceedings conducted by a coroner in the performance of such coroner's official duties; to share evaluation and treatment records by and between or among treatment facilities, correctional institutions, jails, juvenile detention facilities or juvenile correctional facilities regarding a proposed patient, patient or former patient for continuity of care; for release of the name, date of birth, date of death, name of any next of kin and place of residence of a deceased former patient when that information is sought as part of a genealogical study; or when the commissioner of juvenile justice, or the commissioner's designee, requests information about a juvenile.

AIDS/HIV Information. We are required by law to report an AIDS/HIV positive test result to the Secretary of State for Kansas.

Communications with Your Psychologist. Your communications with your psychologist are confidential and will not be disclosed without your permission, except if your psychologist is testifying in court hearings concerning matters of adult abuse, adoption, child abuse, child neglect, or other matters pertaining to the welfare of children, or is seeking collaboration or consultation with professional colleagues or administrative superiors, or both, or is making a report to the state that is required by law.

NORTH CAROLINA LAW

Disclosure of Information Following a Vehicle Crash

In the event you are involved vehicle crash, we may:

- disclose certain information to the investigating law enforcement officer, upon request;
- provide law enforcement with access to visit and interview you; and
- disclose a certified copy of information related to you as required by a search warrant or judicial order.

Court Proceedings/Privilege

In General. The following individuals cannot be required to disclose information relating to your care which was obtained while he/she was performing professional services:

- Physicians and those medical professionals assisting the physician
- Psychologists and his/her employees
- Social Workers
- Counselors
- Optometrists
- Nurses

Disclosure to Court. We may be required to disclose information obtained by the above referenced individuals if a judge determines disclosure is necessary for the proper administration of justice.

Home Care

In General. If applicable, we will not disclose your personal or medical records except as permitted or required by applicable State or federal law.

Hospice

Inspections by the Department of Health and Human Services. If applicable, we will not release any information or permit any inspections without first informing you in writing of your right to object. Further, the Department shall not disclose any information obtained unless you or your legal representative authorize the disclosure in writing or unless a court orders such disclosure.

Adult Care Home Residents

In General. If applicable, we will not disclose your personal or medical records except as permitted or required by applicable State or federal law.

Nursing Home

In General. If applicable, we will not disclose your personal or medical records without your written consent except to the extent: requested by family members; upon the patient's transfer to another health care institution; or required by law or third party payment contract.

Pharmacy

In General. Our pharmacists are permitted to have access to your patient records when necessary to provide pharmaceutical services.

Pharmacy Records. We will only disclose the contents of your pharmacy records to the following individuals: you, your legally appointed guardian, or any individual you provide with written authorization; the licensed practitioner who wrote the prescription; a licensed practitioner who is treating you; a pharmacist providing your pharmacy services; any person authorized by subpoena, court order, or statute; any individual or entity with the responsibility of providing for or paying for your medical care; members or employees of the Board of Pharmacy; researchers and surveyors with approval from the Board; owners of the pharmacy, including their authorized agents; covered entities or business associates for the purposes of treatment, payment or healthcare operations; and any person when the pharmacist reasonably determines that the disclosure is necessary to protect the life or health of any person.

Sensitive Information

Organ Donation.

- Once we refer an individual to a procurement organization, the procurement agency may have access to the donor's medical records for purpose of examination to ensure medical suitability.
- In the event you become an organ donor, your medical record will be kept separate and distinct from the transplant recipient's record.

Mental Health, Developmental Disabilities, and Substance Abuse.

- If applicable, we shall not disclose your confidential information except to the extent
 - You or your legal representative consents in writing;
 - We determine it is your best interest to disclose the fact of admission or discharge to your next of kin;
 - Required by a client advocate in providing monitoring and advocacy functions; provided that, an advocate acting upon the request of you or your legal representative must have your written authorization for access to your information;
 - A court issues an order compelling disclosure;
 - We determine it is in your best interest to file a petition for involuntary commitment or to file a petition for the adjudication of incompetency;
 - You are a defendant in a criminal case and the court orders a mental examination;
 - Required for your care and treatment (e.g., conducting quality assessments, payment activities, to obtain state benefits, required for emergency medical services, providing information to the referring health care provider);
 - We determine there is an imminent danger to you or another and there is a likelihood of the commission of a felony or violent misdemeanor; or
 - Required by the Secretary to ensure quality assurance activities.
- We are required to provide you or your legal representative with access to the information in your record with the exception of information that would be injurious to your physical or mental well-being.

Communicable Diseases. In the event we have reason to suspect that you have a communicable disease or communicable condition, we are required to report such information to the local health director. Further, we must permit the local health director or State Health Director to examine, review, and obtain a copy of medical or other records related to such disease or condition.

We will not release your AIDS or communicable disease information without the written consent of you or your legal representative, except under the following circumstances:

- Release is made for statistical purposes in a way that you cannot be identified;
- Release is necessary to protect the public health and made pursuant to the rules established by the Commission;
- Release is made pursuant to subpoena or court order;
- Release is otherwise permitted by law; or
- Release is made pursuant to any law that authorizes or requires the release of information related to AIDS.

Further, we will not release your HIV information unless otherwise authorized or required by law.

TENNESSEE LAW

All Providers

In General. We will not release any of your identifying information, except to comply with any statutorily required reporting to health or government authorities, or to provide access to third-party payors performing utilization review, case management, peer reviews or other administrative functions.

Hospital

In General. We will obtain written consent from you or your health care decision maker, before releasing medical record information, unless otherwise authorized by law.

Emergency Medical Service Providers and Personnel

In General. If applicable, emergency medical service providers and personnel shall not disclose any information concerning the patient, unless otherwise required by court of law or authorized regulatory agency.

Home Care Organization

In General. If applicable, we will not release your medical records without your authorization, unless otherwise authorized by law. Patient records will contain a signed release of information statement when third-party payors are billed or information is shared with individuals outside of the organization.

Pharmacy

In General. If applicable, a pharmacist may disclose patient information to communicate a prescription order or where necessary to

- Fulfill the pharmacist's responsibility to carry out prospective drug use review as required by law;
- Assist prescribers in obtaining your drug history;
- Prevent abuse or misuse of any drug or device; or
- Provide a medication therapy management program or a quality assurance program.

Office Based Surgery/Physician

In General. If applicable, we will not release your information without your written consent except to persons authorized by law.

Assisted Living Facility

Nursing Homes. If applicable, we will only release your resident records to authorized individuals. Original records will only be released in accordance with federal and state laws, court orders or subpoenas.

Adult Care Homes. If applicable, personal information will not be disclosed except to the resident, the Department of Health, and others with written authorization from the resident.

Residential Hospices. If applicable, we will only release information from your records to authorized individuals. Original records may only be released in accordance with federal and state laws.

Sensitive Information

Communication with Your Psychiatrist. Generally, your psychiatrist cannot disclose communications in connection with your therapeutic counseling relationship without your consent.

Your psychiatrist cannot be compelled to testify with respect to communications in connection with your therapeutic counseling relationship without your consent except:

In proceedings in which you raise the issue of your mental or emotional condition;

In proceedings for which the psychiatrist was ordered by the court to examine your mental or emotional condition; and

In proceedings to determine whether involuntary hospitalization is required.

In an effort to warn or protect individuals in danger, your psychiatrist can disclose therapeutic communications if you have made an actual threat to harm identifiable individual(s) and the psychiatrist believes you have the capability to commit such act in the near future.

Mental Health, Substance Abuse, and Developmental Disabilities. If applicable, we will not release your confidential treatment information without your consent unless:

Disclosure is necessary to carry out any of our legal duties,

Disclosure is necessary to provide service or care by the least drastic means available,

Disclosure is required by court order in which the court determines the failure to make the disclosure would be contrary to the public interest or a to the detriment of a party to the proceedings,

Information regarding your overall medical condition (without clinical details) is sought by your family members, legal representatives, foster

parents, or friends,
Disclosure is necessary for the continuity of service upon transferring to a new service provider, or
Your custodial agent needs the information to perform his/her duties.

ILLINOIS LAW

Hospice

In General. We will keep your medical information confidential in accordance with the standards for certification under the Medicare program 42 CFR Part 418.

Sensitive Information

Genetic Information. Disclosure of genetic information is prohibited without written authorization, except that testing that indicates the individual is afflicted with a disease are not subject to the confidentiality requirements of Illinois law.

Mental Health Information. Mental health records may not be copied or inspected except by the patient, a guardian, or any person in whose care and custody the patient has been placed. Records may be disclosed to other individuals as provided by law upon the written consent of those individuals with power to copy or inspect.

Alcohol and Drug Abuse Information. Your alcohol and drug abuse information is confidential and will only be disclosed if required by law or you give us consent.

Clinical Psychologist. Your clinical psychologist will not disclose your medical information without your consent, except, in trials for homicide when the disclosure relates to specific facts or circumstances, for proceedings to determine mental competency, in civil or criminal actions against the psychologist for malpractice, with express consent of patient, or upon an issue as to the validity of a document such as the will of a patient.

Genetic Information. We will not disclose your identity or genetic test results without your permission except to, you, your authorized representative, your caregivers at a health care facility, for quality review purposes at a health care facility, health care facilities that process body parts, or your parents, if you are a minor and we have a good faith belief that this disclosure is in your best interests. Testing that indicates you are afflicted with a disease is not subject to the confidentiality requirements of Illinois law. Certain circumstances also permit disclosure of genetic information in a criminal or civil action pursuant to a protective order.

HIV/AIDS Information. We will not disclose your identity or your test results if you receive an HIV test, without your consent, unless we are making a disclosure to you, persons authorized by law, your spouse if there is a positive test results, a health care facility or provider, the Illinois Department of Health or your parent if you are a minor.

TEXAS LAW

All Providers

In General. Texas law specifically prohibits the disclosure or sale of medical information without clear and unambiguous consent from the individual except when disclosure is for the purpose of treatment, payment, health care operations, insurance or HMO functions or as otherwise required by law.

Hospital

Medical Record. Your medical information may be disclosed without authorization if the disclosure is: directory information, to a health care provider rendering health care to the patient, to a transporting emergency medical services provider, to a prospective health care provider to secure the services, to an employee or agent of the hospital who requires the information for education or quality assurance and peer review purposes, to a federal, state or local government agency, to a hospital successor in interest, to the American Red Cross, and as otherwise authorized by law. The patient's health care information may be disclosed without authorization if the disclosure is directory information, to a health care provider rendering health care to the patient, to a transporting emergency medical services provider, to a prospective health care provider to secure the services, to an employee or agent of the hospital who requires the information for education or quality assurance and peer review purposes, to a federal, state or local government agency, to a hospital successor in interest, to the American Red Cross, and as otherwise authorized by law.

Physician

Medical Record. We will not disclose your medical information without your consent except: in court or administrative proceedings or if disclosure is required by law to a governmental agency, to medical or law enforcement personnel to protect from injury, to qualified personnel for research or audit purposes, for the collection of fees for services provided, to a person who has consent, another physician or personnel acting under the supervision of the physician who diagnosed, evaluated or treated the patient, or for an official legislative inquiry.

TEXAS LAW

Home Health Agency

In General. We will not disclose your medical information without your consent.

Nursing Home

In General. We will not disclose your medical information without your consent, except when required by transfer to another health care institution, required by law, during state surveys, third-party payment contract, or the resident.

Sensitive Information

HIV/AIDS Information. The results of an HIV/AIDS test are confidential and may not be disclosed other than to providers rendering care to you, your spouse if tested positive, specific health authorities or as permitted by law.

Hospitals and health care providers may release HIV/AIDS information without your consent to specific state and federal health authorities, personnel treating you or if required by law.

Sexually Transmissible Diseases. The results of an STD test are confidential and may not be disclosed other than to providers rendering care to you, your spouse if tested positive, specific health authorities or as permitted by law.

Genetic information. We will not disclose your genetic information without your informed consent except to you, your physician, for purposes of paternity, court order, identification of decedent, use by the Department of Health or as otherwise permitted by law.

Mental Health Information. We will not disclose your mental health information without your consent except, other than in judicial or administrative proceedings, as follows: a professional may disclose confidential information to a governmental agency, to medical or law enforcement personnel, for audits and evaluation purposes, someone with written consent from you, to your personal representative, to individuals, corporations or governmental agencies involved in paying or collecting fees for mental or emotional health services, to other professionals and personnel or employees who are evaluating and treating you, in an official legislative inquiry, or to satisfy a request for medical records if you are deceased or incompetent.

Domestic Violence, Sexual Abuse or Rape. We will not disclose your confidential communications with your advocate about your domestic violence, sexual abuse or rape without your permission except to medical or to law enforcement personnel if there is an imminent probability of physical harm to an individual or if there is a probability of immediate mental or emotional injury to the survivor.

Communications with your Psychologist. Your communications with your psychologist are confidential and will not be released without your consent, except to those involved in your care and treatment and as otherwise permitted by law.

WISCONSIN LAW

Health Care Providers (hospital, pharmacy, physician, hospice)

In General. We may release a portion, but not a copy, of your health record, to the following individuals, under the following circumstances:

1. If you or your authorized representative are not incapacitated, physically available, and agree to the release, we may release a portion of your health record to any person;
2. If you or your authorized representative are incapacitated or are not physically available, or if an emergency makes it impracticable to obtain you or your authorized representative's consent, and it is determined, in the exercise of a health care provider's professional judgment, that the release of a portion of your health record is in your best interest, we may release to:
 - a. A member of your immediate family or another of your relatives, a close personal friend, or an individual you have identified, that portion of your record that is directly relevant to the member, relative, friend, or individual's involvement in your health care; and
 - b. Any person, that portion that is necessary to identify, locate, or notify a member of the patient's immediate family or another person that is responsible for your care concerning your location, general condition, or death.

Hospital

In General. We will not release your original medical records except to legally authorized persons who are acting in accordance with a court order, a subpoena issued in compliance with Wisconsin law, or in accordance with contracted services, provided measures are taken to protect the record from loss, defacement, tampering, and unauthorized access.

Home Health Agency

In General. If applicable, we will not release your medical records without your authorization, except in the case of your transfer to a health care facility.

Sensitive Information

HIV/AIDS Information. We will not release your HIV/AIDS information without your specific written authorization, except where the release is authorized by law. A private pay patient may prohibit the disclosure of his or her HIV/AIDS information to a researcher if the private pay patient annually submits to us a signed, written request that the disclosure be prohibited.

Mental Health & Substance Abuse Information. We will get your written consent to release your mental health and substance abuse information, except where the release without your consent is authorized by law.

Genetic Testing. We will not release your genetic information without your prior written and informed consent.

Venereal/Communicable Disease. We are required by law to report these diseases to a local health officer or the state epidemiologist and they are required to keep the information confidential.

Communications with Your Psychologist. Confidential communications with your psychologist for purposes of diagnoses or treatment may not be released without your permission unless, the communication is:

- relevant to proceedings for hospitalization, guardianship, protective services, or protective placement or for control, care, or treatment of a sexually violent person;
- related to an examination ordered by a judge;
- relevant to an issue of your physical, mental or emotional condition in any proceedings in which you are relying upon the condition as an element of a claim or defense;
- related directly to the facts or immediate circumstances of a homicide; or
- related to an abused or neglected child or abused unborn child.