

# Notice of Privacy Practices

THIS NOTICE (NOTICE) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

TGH Surgery Center at Morsani will share Protected Health Information (PHI) as necessary to carry out treatment, payment, or health care operations as permitted by applicable law, or as stated in this Notice. We will do so through access to a shared electronic medical record.

## Who Will Follow This Notice

This Notice applies to the staff, volunteers, business associates, physicians, and other healthcare partners who provide services at TGH Surgery Center at Morsani.

This Notice describes how we will use and share your information, how we are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your health or condition and related health care services. We will tell you if your PHI has been breached. We are required to abide by the terms of the Notice currently in effect.

## How We May Use and Disclose Health Information About You

We are committed to protecting the privacy of your health information. The law permits us to use or disclose your health information for the following purposes:

**Treatment:** We may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you.

**Payment:** We may use and disclose your PHI to obtain payment for your health care services, including with a collection agency or credit bureau. We may also need to disclose planned treatment with your health plan to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations:** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our offices and facilities and make sure that all of our patients receive quality care. For example, we may use your PHI to evaluate the quality of health care services that you received, to evaluate the performance of the health care professionals who provided health care services to you, for medical review purposes or auditing. In addition, we report traumas, birth defects and cancer cases (Florida Cancer Registry) to the Department of Health for quality improvement and licensing purposes and quarterly data to the Agency for Health Care Administration as required for licensing. We may also provide your PHI to accountants, attorneys, consultants, accrediting agencies, outside funding sources and others to make sure we're complying with the laws that affect us, and to outside companies that assist us in our operations and agree by contract to keep any PHI received from us confidential in the same way we do.

**Communication with Family Members and Friends:** Unless you object, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. After your death, we may disclose PHI to a family member, relative, or other person who was involved in your health care or payment as long as that disclosure is consistent with your prior

expressed preferences. You have a right to withdraw your permission or restrict these disclosures at any time. If you are unavailable, incapacitated or it is an emergency or disaster relief situation, We will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

**Appointment Reminders and Health-related Benefits:** We may use and disclose PHI to contact you via phone, email, or text message as a reminder that you have an appointment for treatment and about health-related benefits or services that may be of interest to you.

**Marketing, Sale of PHI:** We will not sell your PHI. We will not use or disclose your PHI for marketing purposes without your specific permission.

**Research** Your PHI may be used or disclosed for research purposes. Your medical record may be reviewed and data included in a research study in compliance with applicable federal and state laws. Your health information may be reviewed in preparation for research or to notify you about research studies in which your provider may consider you a candidate or which you might have interest. Your health information may be used or disclosed in a format that will not identify you. In some cases, very limited information may be used or disclosed for research, and no additional authorization is required from you. In some cases, an Institutional Review Board (IRB) or its designee may determine whether your authorization is necessary for your health information to be used or disclosed for research purposes. If required, your written authorization will be requested.

**Required By Law, Court or Law Enforcement:** We may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, when dealing with crime when ordered by a court, or in response to a lawfully-issued subpoena or request for information in a legal proceeding.

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

### Special Situations

**Organ and Tissue Donations:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplant 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 health information about you as required by military authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

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

**Public Health:** We may disclose health information about you for public health activities. These activities generally include the following to: prevent or control disease; injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notify your employer of a work-related illness or injury, if the health care was provided at the request of the employer and the employer is required to record the information

**Health Oversight Activities:** We may disclose health 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.

**Deceased Person Information:** We may release your health information to a coroner, medical examiner, or funeral director.

**Specific Government Functions:** We may release health information about you to authorized federal officials for intelligence, counter-intelligence, protection of the President and other authorized persons or foreign heads of state, and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional official.

**Shared Medical Record/Health Information Exchanges:** We maintain PHI about you in shared electronic medical records that allow us to share PHI. We may also participate in various electronic health information exchanges (HIE) that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange with us, the exchange will allow us to make your PHI available electronically to those who need it to treat you. You may choose to opt out of participating in the HIE, however, any PHI disclosed prior to you opting out of participating in a HIE will remain available.

### **Your Rights Regarding Health Information About You**

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

**Right to Inspect and Receive a Copy:** You have the right to inspect and receive a copy of health information that may be used to make decisions about your care. For PHI maintained in an electronic format, you can request an electronic copy of such information. If you request a copy of the information, we may charge a fee for the costs associated with providing the requested information in paper or electronic format. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to health information related to these limited circumstances, you may request that the denial be reviewed as per the review policy of the denying entity.

**Right to Request an Amendment or Addendum:** You have a right to request that we correct or update information that may be incorrect or incomplete. Your request must be in writing and include a reason that supports your request. If we deny your request, we will provide you with information about our denial and how you may request that the denial be reviewed as per the review policy.

**Right to an Accounting of Disclosures:** You have the right to request information relating to certain disclosures of PHI we may have made about your health care. We do not have to account for the disclosures described under treatment, payment, health care operations, information provided to you, information released incident to an allowed disclosure (see Incidental Disclosures section in this notice), information released based on your written authorization, directory listings, information released for certain government functions, disclosures of a limited data set (which may only include date information and limited address information) and disclosures to correctional institutions or law enforcement in custodial situations. These requests must be in writing and must state a time period, which may not be longer than six years.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. We will consider your request but

are not required to accept it unless you do not want information about an item or service sent to your health plan and you have paid for the item or service in full. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

**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. 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 be Notified of a Breach:** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of unsecured PHI.

**Right to a Paper Copy of This Notice:** You may request a copy of this notice at any time.

### **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 PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the front desk of the facility and on our website.

### **Other Uses of Protected Health information**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provide to you.

### **Incidental Disclosure**

We make reasonable efforts to avoid incidental disclosures of your PHI. An example of an incidental disclosure is conversations that may be overheard between you and our team members.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Contact TGH**

To request a Copy of Records, Amendment, Restrictions, or Confidential Communications:  
TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa FL 33601, (813) 844-7525.

To Request an Accounting of Disclosure, a Paper Copy of this Notice, or to File a Complaint:  
TGH Corporate Compliance & Privacy Dept., P.O. Box 1289, Tampa FL 33601, (813) 844-4813 or  
Privacy@tgh.org.

## Non-discrimination

TGH Surgery Center at Morsani does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-813-660-6600.

### French Creole (Haitian Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-813-660-6600

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-813-660-6600

### Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-813-660-6600

### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-813-660-6600。

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-813-660-6600.

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-813-660-6600.

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-813-660-6600.

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 813-660-6600

### Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-813-660-6600.

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-813-660-6600.

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-813-660-6600번으로 전화해 주십시오.

### Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-813-660-6600.

### Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-813-

### 660-6600 Thai

รียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-813-660-6600.