

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; to notify you following a breach of the privacy or security of your unsecured protected health information and to abide by the terms of the Notice that are currently in effect. The effective date of this Notice is September 23, 2013.

### **I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The following lists various ways in which we may use or disclose your health information for purposes of treatment, payment and health care operations.

**For Treatment.** We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by doctors involved in your care and by nurses, medical assistants and technologists and other care givers as well as by physical therapists, pharmacists, suppliers of medical equipment or other persons involved in your care. For example, Health physicians and medical assistants will discuss coordination of your care.

**For Payment.** We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage, to request prior approval for services that will be provided to you, and/or for reimbursement of care provided to you.

**For Health Care Operations.** We may use and disclose your health information as necessary for health care operations, such as accreditation, management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to another healthcare-related entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care.

### **II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

The following lists various ways in which we may use or disclose your health information.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

**Emergencies.** We may use or disclose your health information as necessary in emergency treatment situations.

**As Required By Law.** We may use or disclose your health information when required by law to do so.

**Business Associates.** We may disclose your protected health information to a contractor or business associate who needs the information to perform services for UCF Health. Our contractors and business associates are committed to preserving the confidentiality of this information.

**Public Health Activities.** We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting child abuse or neglect or reporting births and deaths.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for oversight activities authorized by law, such as audits, investigations, inspections, licensure, disciplinary actions or for activities involving government oversight of the health care system or facility.

**To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request or other lawful process so long as the party seeking the information demonstrates reasonable efforts were made by such party to contact you about the request or to obtain a qualified protective order in accordance with 45 CFR section 164.512 (e)(1)(v).

**Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

**Research.** We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research protocol, if the research occurs after your death, or if you authorize the use or disclosure.

**Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

**Disaster Relief.** We may disclose health information about you to a disaster relief organization.

**Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

**Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

**Inmates/Law Enforcement Custody.** If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

**Appointment Reminders.** We may use or disclose health information to remind you about appointments.

**Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

Fundraising. We may, with your permission, contact you for fundraising for the benefit of UCF Health and you have a right to opt out of receiving such communications.

### **III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

Except as described in this Notice, we will use and disclose your health information only with your written Authorization (such as, for certain types of marketing, sale of your protected health information). For example, we will only use and disclose your health information for the purposes of marketing with your written Authorization. Further, most psychotherapy notes may not be disclosed for any purpose, including treatment, payment or health care operations, without your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

### **IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to the UCF Health. At your request, UCF Health will supply you with the appropriate form to complete. You have the right to:

**Request Restrictions.** You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are not required to agree to your requested restriction EXCEPT (i) if you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we otherwise have received payment in full from you or on your behalf (from someone other than your health insurer), then we must agree to the request unless the disclosure is otherwise required by law and (ii) if you are competent you may restrict disclosures to family members or friends. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

**Access to Personal Health Information.** You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care,

subject to some exceptions. Your request must be made in writing. In most cases we may charge a reasonable fee for our costs in copying and mailing your requested information. You may request an electronic copy of any of your clinical or billing records that are maintained electronically.

We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by UCF Health who did not participate in the decision to deny.

**Request Amendment.** You have the right to request amendment of your health information maintained by UCF Health for as long as the information is kept by or for UCF Health. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by UCF Health, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for UCF Health; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by UCF Health.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial and how you may file such a statement. In addition, you may request that UCF Health provide your request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment, in lieu of submitting the statement of disagreement.

**Request an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by UCF Health or by others on behalf of UCF Health, but does not include disclosures for treatment, payment and health care operations (except where such disclosures are through an electronic health record), disclosure made pursuant to your Authorization, and certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a specific time period. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

**Request a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice at our website, [www.ucfhealth.com](http://www.ucfhealth.com).

**Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

## **V. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the UCF College of Medicine HIPAA Privacy Officer at 407-266-1000.

If you believe that your privacy rights have been violated, you may file a complaint in writing with UCF College of Medicine/UCF Health and/or the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

To file a complaint with UCF Health, contact the UCF College of Medicine HIPAA Privacy Officer at 407-266-1000.

**VI. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by UCF Health as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request or you can access it from the UCF Health website at [www.ucfhealth.com](http://www.ucfhealth.com).