

### Law Enforcement:

We may disclose health information in response to a valid subpoena, warrant, summons or similar process. We may also release information for purposes of locating a suspect, a fugitive, a material witness, or missing person.

### Health Oversight Activities:

Federal law makes provision for your health information to be released to an appropriate health oversight agency for activities such as audits, investigations, and inspections. This includes government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs, and the civil rights laws.

## YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- obtain a paper copy of this notice upon request
- request a restriction on certain uses and disclosures of your information, but we are not required to agree to those restrictions;
- inspect and copy the information contained in your designated record set which includes your health and billing records;
- request the amendment of your health information;
- request a list of disclosures we have made of your health information for purposes other than treatment, payment or healthcare operations;
- request that we communicate with you by alternative means or at alternative locations, we will comply with all reasonable requests;
- revoke your consent to the use or disclosure of your health information for treatment, payment, or healthcare operations except to the extent that actions have been taken based on that consent; and
- revoke your authorization to use or disclose health information except to the extent that action has already been taken based on that authorization.

## INFORMATION NOT COVERED BY THIS NOTICE

Uses and disclosures of your health information not covered by this notice or by law will only be made with your written permission (authorization).

## QUESTIONS OR COMPLAINTS

If you have questions about this notice, or believe that your privacy rights have been violated, please contact our Privacy Officer, Sharon Hoyle at (850) 969-2199 or by email at [Privacy.officer@medicalcenterclinic.com](mailto:Privacy.officer@medicalcenterclinic.com).

You have the right to file a written complaint with us or directly to the secretary of Health and Human Services. **You should know that there would be no retaliation for your filing a complaint.**



## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

Effective Date: September 1, 2002

*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.*

Thank you for choosing the Medical Center Clinic for your healthcare needs. Each time you visit one of our providers, we create a record of the care and services you receive. We understand that this health information about you and your healthcare is personal and we want you to know that we are committed to protecting the privacy and confidentiality of that information.

In order for us to provide you with healthcare services, obtain payment for our services, and manage our healthcare operations, we will need to use and disclose your protected health information. This notice explains how we may use and disclose your health information for these purposes, as well as your rights regarding the health information we maintain about you. We reserve the right to revise the terms of our notice at any time. You may obtain a copy of the revised notice by calling your physician's office and requesting that one be sent to you by mail, by asking for one at your physician's office, or by downloading a copy from our web site at [www.medicalcenterclinic.com](http://www.medicalcenterclinic.com).



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## OUR OBLIGATIONS

The law requires us to:

- Make sure that health information that identifies you is kept private;
- Provide you this notice which describes our health information privacy practices and legal duties;
- Provide you a new copy of the notice should we revise it; and
- Follow the terms of the notice that is currently in effect.

## EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

### *Treatment:*

We will use and disclose your health information so that our physicians, nurses, technicians, and other participants in the West Florida Healthcare System may provide, coordinate, or manage your health-care and any related services.

*For example:* Information about your past medical history, vital signs, or allergies obtained by a member of our healthcare team will be recorded in your medical record and used by your physician to determine the course of treatment that should work best for you. Your physician will then document his or her findings and prescribed medical course of action, and members of your healthcare team will record their subsequent actions and observations. In that way, the physician will know how you are responding to treatment. We may also disclose your health information to another physician or healthcare provider (e.g., a laboratory or specialist) to whom we have referred you for assistance in your diagnosis and treatment.

### *Payment:*

Your health information will be used, as needed, to obtain payment for your healthcare services.

*For example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### *Health Care Operations:*

We may use and disclose your health information, as needed, to support our business activities.

*For example:* Members of the medical staff, the risk management officer, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

## OTHER USES AND DISCLOSURES

### *As Required by Law:*

We may disclose your health information when required to do so by federal, state, or local law.

### *Business Associates:*

There are some services provided in our organization through contacts with business associates. Examples include transcription services, physician services in radiology, certain laboratory tests, and medical records transfer services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### *Appointment Reminders:*

We may use and disclose your health information to contact you as a reminder that you have a scheduled appointment. Please let us know if you do not wish us to contact you with reminders, or if you wish us to contact you at a different number.

### *Treatment Alternatives or Health-Related Services:*

We may use or disclose health information to tell you about health related services or to recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not want us to contact you regarding this information.

### *Communication with family:*

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment for services related to your care.

### *Research:*

We may use and disclose information to researchers when an institutional review board, that has reviewed the research proposal and established protocols to ensure the privacy of your health information, has approved the research.

### *Food and Drug Administration (FDA):*

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

### *Worker's compensation:*

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

### *Military and Veterans:*

If you are a member of the armed forces, or separated or discharged from the military services, we may disclose your health information as required by national military command authorities or the Department of Veterans Affairs.

### *Public health:*

We may disclose your health information to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability.

### *Correctional institution:*

If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary to provide you with healthcare; to protect your health and safety or the health and safety of other individuals; or for the safety and security of the correctional institution.