

## **ATTACHMENT D**

### **Miami Jewish Health NOTICE OF PRIVACY PRACTICES**

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**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.**

MIAMI JEWISH HEALTH is required by the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), to take reasonable steps to protect the privacy of your protected health information or PHI ("Health Information"). Health Information is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Health Information could include information such as your symptoms, test results, diagnoses, treatment and plans of care. MIAMI JEWISH HEALTH is required by law to provide you with notice of our legal duties and privacy practices with respect to protection of your Health Information ("Notice"). This Notice explains our privacy practices and describes how we may use and disclose your Health Information. It will explain:

- 1. How Your Health Information Will Be Used and Disclosed**
- 2. Your Rights Related to Your Health Information**
- 3. How to Complain if You Believe Your Rights Have Been Violated**
- 4. Our Right to Change this Notice of Privacy Practices**

In this Notice, MIAMI JEWISH HEALTH may be referred to as "we," "our" or "us" and includes all of our staff, such as doctors, nurses, technicians, medical students, volunteers and other healthcare personnel. This Notice applies to any health care you may receive at any one of our facilities, or at any of our affiliates.

#### **1. Your Health Information – Uses and Disclosures**

##### **A. General Healthcare Purposes**

Your Health Information may be used and disclosed by your doctor, our support staff and others who are involved in your care. Your Health Information may be used and disclosed for a number of reasons. This Notice explains those reasons and gives some examples of the types of uses and disclosures. The examples are not meant as a complete list and they do not explain all of the ways we might use or and disclosure information as permitted by law.

- **Treatment:** We will use and disclose your Health Information to provide and coordinate your healthcare and any related services you may require. This includes the coordination and management of your care to a third party within the MIAMI JEWISH HEALTH healthcare delivery system and with a third party outside of the MIAMI JEWISH HEALTH healthcare delivery system, such as an outside hospital or home health agency and their respective doctors and staff. We may also disclose your Health Information to a referring doctor or laboratory who may be involved in your care to assist your doctor with your diagnosis or treatment.
- **Payment:** Your Health Information will be used, as needed, to obtain payment for the healthcare services you receive. This may include certain activities that your health plan

requires before it will approve or pay for services that we recommend, such as approving a hospital admission or approving certain medical equipment, like a wheelchair. It can include employees in our business office preparing a bill for services rendered to you.

- **Healthcare Operations:** We may use or disclose your Health Information, as needed, to support our business activities as they relate to your health care. These activities may include, but are not limited to, quality assessment, employee and physician review and training students working in our facilities. We may share your Health Information with third parties who provide services or functions that are essential to our business. These third parties are called "Business Associates" and they may include billing agents, accounting firms or transcription services. We will make sure that all business associates have signed a written contract that will protect the privacy of your Health Information.

If you are receiving care or may receive care in the future from one or more of our facilities or centers, your Health Information is permitted to be shared among those facilities or centers for treatment, payment and health care operations.

## **B. Other Purposes**

We are permitted or required to use your Health Information without your written authorization for certain purposes:

- **Appointments and Reminders:** We may use or disclose your Health Information to contact you and remind you of an upcoming appointment for treatment or medical care at one of our facilities and also to make appointments for you if you reside at one of our facilities.
- **Health-related Benefits and Services:** We may use or disclose your Health Information, as necessary, to provide you with information about treatment alternatives or other benefits that may be of interest to you. We may disclose your Health Information for some marketing activities, such as, using your name and address to send you a newsletter about special health care services and benefits that we offer. You may request in writing that these materials not be sent to you by contacting our Privacy Officer at the address printed at the end of this brochure.
- **Fundraising:** We may use or disclose your Health Information, such as your demographic information and treatment dates, as necessary, to contact you for fundraising activities supported by our Foundation but you have the right to opt out of receiving such communications by writing to our Privacy Officer at the address printed at the end of this brochure or you may opt out in the accompanying Acknowledgement Form.
- **Facility Directories:** We may include certain limited Health Information about you in our facility directory, such as your name, location in the facility, your general condition (which will not specify your specific medical information) and/or your religious affiliation. The directory information may be released to clergy (such as priest, pastor or rabbi) or to others who ask for you by name. We will not disclose your religious affiliation to others who ask for you by name but your religious affiliation can be released to a member of the clergy. You have the opportunity to restrict or prohibit some or all disclosure of your Health Information in connection with our facility directories by contacting the Privacy Officer at the address printed at the end of this brochure.
- **Others Involved in Your Health Care:** We may disclose your information to a family member, a

close friend or any other person you identify. This may include telling a family member about your location, general condition or death. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose this information to family or friends if you object. If you are not present or able to object, then your doctor may use his or her professional judgment to decide whether the disclosure is in your best interest.

- **Emergencies:** We may use or disclose your Health Information in an emergency situation. If this happens, your doctor will try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your doctor or another doctor is required by law to treat you and the doctor was unable to get your consent, he or she may still use or disclose your Health Information to treat you.
- **Required by Law:** We may use or disclose your Health Information to the extent that the disclosure is required by law. The use or disclosure will be made and limited in accordance with the law.
- **Public Health:** We may disclose your Health Information to a public health authority that is permitted by law to collect or receive the information. This may include disclosures made for the purpose of controlling or preventing disease, injury or disability. If permitted by law, we may also disclose your Health Information to any person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose your Health Information to a public health or regulatory agency that monitors our healthcare system, such as for audits, investigations, and inspections.
- **Abuse or Neglect:** We may disclose your Health Information when it is related to abuse (including child abuse), neglect or domestic violence. We will make this disclosure only in accordance with laws that require or allow such reporting or with your permission.
- **Food and Drug Administration:** We may disclose your Health Information to a company required by the Food and Drug Administration to report adverse events, report product problems or track product recalls.
- **Legal Proceedings:** We may disclose your Health Information as required by court orders, certain subpoenas or other judicial or administrative processes.
- **Law Enforcement:** We may disclose your Health Information for law enforcement purposes, such as locating a suspect, fugitive or missing person. We may also make disclosures in connection with suspected criminal activity and to federal agencies investigating our compliance with the federal privacy rules.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose your Health Information to a coroner or medical examiner for identification purposes or other duties as required by law. Health information may also be used and disclosed for organ, eye or tissue donation purposes.
- **Research:** We may disclose your Health Information to researchers. Federal rules govern these disclosures and require your authorization or the approval by an appropriate board that

has reviewed the research and documents. We will act in accordance with federal rules related to disclosing information for research purposes.

- **Serious Threat to Health or Safety:** We may disclose your Health Information if we believe in good faith it is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.
- **National Security and Intelligence Activities:** We may disclose your Health Information to authorized federal officers for conducting of lawful intelligence, counter-intelligence and other national security and intelligence activities.
- **Workers' Compensation/Employer:** We may disclose your Health Information to comply with workers' compensation laws and other similar worksite programs and to your employer only under certain circumstances in connection to work-related illness or injury as permitted by law.

### **C. Based upon Your Written Authorization**

Other uses and disclosures of your Health Information will be made only with your written authorization. You may give, amend or revoke your authorization at any time, in writing. You may not revoke to the extent that your doctor has already taken action in reliance on the authorization or if the authorization was obtained as a condition of obtaining insurance coverage. For more information about authorizations, please talk to your doctor or contact the HIPAA Privacy Officer listed at the end of this brochure. Unless otherwise permitted by law or by your written authorization, we will not directly or indirectly receive remuneration in exchange for your Health Information. When using or disclosing your Health Information or requesting it from another covered entity, we will make reasonable efforts to limit such use, disclosure or request, to the extent practicable, to the Health Information maintained in a limited data set, or, if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure or request, respectively.

## **2. Your Rights**

Below is a statement of your rights with respect to your Health Information and a description of how you may exercise these rights.

- **You have the right to request a restriction on certain uses and disclosures of your Health Information.** You may ask us not to disclose part of your Health Information for the purposes of treatment, payment or healthcare operations. You may also ask us not to disclose any part of your Health Information to family members or friends who may be involved in your care and who may ask for the information for notification purposes. We are not required to agree to a restriction that you may request in all circumstances. We are required to comply with a restriction request where the disclosure is to a health plan for purposes of carrying out payment or health care operations and the Health Information pertains solely to a health care item or service for which we or another health care provider involved has been paid out of pocket in full. If we agree to a request, we will comply with the restriction unless your information is needed for emergency treatment. We cannot agree to restrict disclosures that are required by law. You may request restriction of release of your Health Information by contacting the HIPAA Privacy Officer at the address listed at the end of this brochure. A written request for restriction of your Health Information shall include at least: (1) specific Health Information you want restricted; (2) whether you want us to limit the use or disclosure or both of your Health Information; and (3) to whom you want the limits/restrictions to apply.

- **You can ask us to communicate with you by an alternate means or at an alternate location, if the communication could endanger you or you want to keep communications confidential.** We will agree to all reasonable requests. We may evaluate the reasonableness of your request by asking you for information about payments, alternative addresses or other methods of contacting you. We may condition your request. Please make this request in writing to our HIPAA Privacy Officer listed at the end of this brochure.
- **You have the right to inspect and copy your Health Information.** You have the right to inspect or get a copy of your paper or electronic medical record about your Health Information that is contained in a designated record set for as long as we maintain that information. A "designated record set" contains medical and billing records. Where your Health Information is contained in an electronic health record, as that term is defined in federal law, you have the right to obtain a copy of such information in an electronic format if available, and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous and specific. We may charge a reasonable, cost-based fee. Under federal law, you may not inspect or copy the following records: (i) psychotherapy notes (ii) information compiled for use in a civil, criminal or administrative action or proceeding, and (iii) Health Information that is restricted by another law. You may submit your written request to inspect and get a copy of your Health Information from our Health Information Management Department located at 5200 NE 2<sup>nd</sup> Avenue, Miami, Florida 33137. You may also request a summary of your Health Information. If your written request is denied, you have a right to have this decision reviewed. Please contact our HIPAA Privacy Officer listed at the end of this brochure if you have questions about inspecting or copying your health information.
- **You have the right to request that your doctor amend your Health Information.** You may request an amendment of your Health Information in a designated record set if you believe it is incorrect or incomplete. All requests must be in writing and provide a reason to support the amendment. Requests will be reviewed in a timely manner. If not performed in a timely matter, you will receive a written statement of the reason for the delay. In certain cases, we may deny your request. For example, we may deny your request if we did not create the information, if the information is something you would not be permitted to inspect or copy or if it is complete and accurate. If we deny your request, it will be in writing and you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement. Please contact the Health Information Management Department at the address listed in the above paragraph if you have any questions about amending your information.
- **You have the right to receive an accounting or list of certain disclosures we have made.** You have the right to receive information about disclosures that occurred during the past six years (three years for disclosures from an electronic health record relating to treatment, payment or health care operations, as described below). You must request this information in writing. Your request should state a time frame for the disclosures. Your right to receive this information may be subject to certain exceptions, restrictions and limitations set forth by law. For example, although we do maintain a record of all disclosures as required by Florida law, the federal privacy standards do not require accountings for disclosures for certain purposes, including treatment, payment or health care operations. Beginning January 1, 2011 or January 1, 2014, depending on the compliance date required by law for a particular record, an accounting of the disclosures from an electronic health record will include disclosures for

treatment, payment or health care operations.

- **You have the right to obtain a paper copy of this Notice.** Upon request, we will send you a paper copy of this Notice even if you have agreed to accept this Notice electronically. This Notice will be offered to you each time you register at or are admitted at one of our facilities or locations. The Notice is also available on our website.
- **You have the right to receive written notification of a breach.** You have the right to receive written notification of a breach where your unsecured Health Information has been accessed, acquired or disclosed to an unauthorized person as a result of such breach. Unless specified 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.
- **Written authorization for other uses of your Health Information.** We are permitted by law to use your Health Information for many different purposes, some of which we describe herein. Other uses and disclosures of your Health Information not covered by this Notice can be made by us only upon your written authorization in accordance with law and we will seek your written authorization in those required instances.

### **3. How to Complain If You Believe Your Rights Have Been Violated.**

If you believe your privacy rights have been violated, we encourage you to send any complaints to our HIPAA Privacy Officer listed at the end of this brochure and, if necessary, to the federal government. To submit a complaint or for further information about the complaint process, contact the HIPAA Privacy Officer using the information found at the end of this brochure. You can also file a complaint with the Secretary of the U.S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing any complaint

### **4. Our Right to Change this Notice of Privacy Practices.**

We are required to abide by the terms of this Notice. However, we may change our Notice at any time. We will promptly distribute and post a new Notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties or other privacy practices stated in the Notice. Any new Notice will be effective for all Health Information maintained at the time of the change. Upon your request, we will provide you with a copy of any existing or new Notice. The new Notice will also be posted at our business locations and online.

**If you have any questions about this Notice, please contact: HIPAA Privacy Officer, via telephone at (305) 751-8626 ext. 65299, email at [pharris@miamijewishhealth.org](mailto:pharris@miamijewishhealth.org), website at <http://miamijewishhealthsystems.org/> or by mail at 5200 NE 2<sup>nd</sup> Avenue, Miami, Florida, 33137.**

**RESIDENT'S ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES  
AND PRIVACY ACT NOTIFICATION STATEMENT**

Resident's Name: \_\_\_\_\_

**\*Resident is not required by law to sign this form\***

By signing this Acknowledgment of Receipt of Privacy Practices, Resident acknowledges that he or she has received a copy of Facility's Notice of Privacy Practices and Privacy Act Notification Statement.

\_\_\_\_\_  
Signature of Resident or Responsible Party

\_\_\_\_\_  
Date

\_\_\_ Please check if you do not want to receive future fundraising requests supporting Miami Jewish Health and its Foundation.

Note: If this Acknowledgment cannot be obtained, Facility will document below the good faith efforts to obtain this Acknowledgment and reason why it was not obtained.

- \_\_\_\_\_ Individual refused to sign
- \_\_\_\_\_ Communication barriers prohibited obtaining the Acknowledgment
- \_\_\_\_\_ An emergency situation arose
- \_\_\_\_\_ Other (Please specify in space below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Facility Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Facility Employee