



Miami Jewish Health

PRIVACY NOTICE

EFFECTIVE DATE: September 23, 2013

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.

- Your confidential healthcare information may be released to other healthcare professionals within the organization for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the organization receiving payment for providing you with needed healthcare services.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization for
- certain situations such as in the event of a communicable disease, helping with product recalls, reporting adverse reactions to medications and preventing or reducing a serious threat to anyone's health or safety.
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Disclosure of the following Patient Healthcare Information (PHI) requires your written authorization: use of psychotherapy notes, disclosure of PHI for marketing, and disclosures that constitute a sale of PHI. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the organization to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by the organization for the purposes of raising funds to support the organization's operations. You may opt out of receiving such communications by following the directions provided on the fundraising materials.
- You have the right to restrict the use of your confidential healthcare information. However, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to restrict disclosure to your health plan of any PHI created from a service that you have paid for out of pocket.
- The organization is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The organization will notify patient(s) when a reportable breach is discovered. Notification will be made to the patient(s) as soon as possible and no later than 60 days from when the breach is discovered. Notification will include a brief description of how the breach occurred, a description of the PHI involved, and steps patient(s) should take to protect themselves from harm. The notification will also include contact information for the individual to ask questions.
- You have the right to complain to the organization if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the organization.
- **All complaints will be investigated.**
- **You will not be penalized for filing a complaint**
- **We will not retaliate against you for filing a complaint.**

All complaints must be submitted in writing to:

ATTN: Privacy Officer
Miami Jewish Health, 5200 N.E. 2nd Avenue, Miami, FL 33137

Or you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

200 Independence Avenue, S.W., Washington, D.C. 20201,
calling 1-877-696-6775, or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints/.

FOR FURTHER INFORMATION ABOUT THIS PRIVACY NOTICE, PLEASE CONTACT:
PAM HARRIS, PRIVACY OFFICER AT 305.751.8626, EXT. 65299.