

Notice of Privacy Practices

PARTIES WHO MUST **ADHERE** TO THESE PRINCIPLES:

- Any employee or volunteer of The Brevard Alliance (BHA)
- Any healthcare professional authorized to enter information into your medical record
- Any provider or entity that has entered into an Organized Health Care Agreement with BHA
- Any health care professional authorized to access your medical record

WE LEGALLY MUST:

- Ensure that any medical information that identifies you is kept private
- Provide you with notice of our legal duties and privacy practices related to medical information concerning you
- Perform according to the terms of the privacy notice that is currently in effect

OUR PROMISE:

We are committed to protect the confidentiality of the medical information about you and use that information only to care for you properly and share that information only in the manner we describe in this document.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN THE FOLLOWING MANNERS:

- *To provide you with medical treatment and medical services*, We may use and share this information with doctors, nurses, technicians, medical students and other healthcare personnel involved in taking care of you both within and outside our facilities
- *To ensure that payment for treatment and services may be properly billed to you and payment received from you* This may involved the sharing of your medical information and your demographic information with insurance providers or other healthcare providers that may be directly involved in your treatment or treatment plan. We also may share your medical information with individuals who may help with the payment for your care.
- *To effectively manage our facilities and ensure a consistent quality of care* This may include the evaluation of our staff, the education of our staff or the determination of need for additional services. We may also combine your medical information with that of other patients for similar purposes.
- *To remind you of appointments for treatment at our facilities or with others that have been arranged to be involved with your treatment*
- *To provide you with recommendations regarding possible treatment options and to tell you about health benefits or services that may be of interest to you*
- *To inform your family or friends of your medical condition or to disclose your medical information to disaster relief organizations so that your family may be informed regarding your condition and location* You may notify us if you do not wish for your name or condition to be released to family or friends.
- *To provide you with recommendations regarding possible treatment options and to tell you about health benefits or services that may be of interest to you*
- *To comply with local, state or federal laws*
- *To prevent a serious threat to your health and safety or to the health and safety of another person or the public*

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- *To facilitate your pre-acknowledged or authorized donation of organs or tissue*
- *To comply with military regulations if you are a member of the armed services*
- *To comply with Workers' Compensation or similar programs that provide benefits for work-related illness or injuries*
- *To facilitate public health activities such as:*
 - *the report of births and deaths*
 - *the prevention of disease or injury*
 - *the report of elder or child abuse or neglect or domestic violence*
 - *the report of medication problems or reactions*
 - *the notification of product recalls*
 - *the notification of others who may have been exposed to a disease or condition or may be at risk for contracting or spreading such a disease or condition*
- *To respond to a court or administrative order but only if efforts have been made to contact you regarding the request or to secure an order of protection regarding the information requested*
- *To law enforcement agencies to either report a crime, to assist in locating a suspect or to locate a victim or material witness*
- *To coroners, medical examiners or funeral directors to either determine a cause of death or to facilitate the discharge of their duties*
- *To authorized federal officials to support national security or intelligence activities*
- *To facilitate the protection of the president of the United States, other authorized persons, or foreign heads of state.*
- *To facilitate your treatment, protect your health, safety and security or the health and safety and security of others if you are in the custody of a law enforcement official or an inmate in a correctional facility*

*Other uses and disclosure of medical information not covered by this notice or by law require your advance, written permission, which may be revoked by you in writing at any **time**.*

YOU HAVE RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

- You have the right to inspect and copy medical information used in decision regarding your care with the exception that psychotherapy notes will be excluded. If your request a copy of this information, the request must be in writing, made to the Chief Executive Officer of BHA and you will be charged a fee for copying the information. In very special circumstances we may deny your request to inspect and copy your medical information. In the event that you dispute this denial, BHA will select another licensed healthcare professional to review your dispute and BHA will comply with the results of that review.
- You have the right to request that we amend your medical information if you feel it is incomplete or inaccurate and such a request must be made in writing to the Chief Executive Officer of BHA. We may deny your request if you are asking for the amendment of
 - Accurate and complete information
 - Information that was not created by BHA
 - Information that is not either retained by BHA or that is not information which you would be permitted to inspect and copy
- You have the right to request a list of disclosures that we have made of your medical information, excluding disclosures we have made related to treatment, payment or clinic operations as disclosed in this document. We will keep these disclosures for a period of six year. Such a request should be made in writing to the Chief Executive Officer of BHA



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- You have the right to request a list of disclosures that we have made of your medical information, excluding disclosures we have made related to treatment, payment or clinic operations as disclosed in this document. We will keep these disclosures for a period of six year. Such a request should be made in writing to the Chief Executive Officer of BHA.
- You have the right to request restrictions or limitations on the medical information we use or disclose about you but we may disagree with those restrictions. We will, however, comply with your request if that request is made in writing describing the information you want to limit, the limits you want to place on the use or disclosure of information and to which parties you want those limitations to apply.
- You have the right to request that we contact you in a certain way or at a certain location in order to protect your privacy.
- You have the right to a paper copy of this notice.

We may revise this notice at any time and will implement those changes for your medical information that is in our possession as of that date. Any future medical information about you that is created or received will also be subject to the notice revisions.

If you believe that BHA has violated your privacy rights, you may file a complaint with the Brevard Health Alliance or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with The Brevard Health Alliance, please write to:

***Chief Executive Officer
Brevard Health Alliance
2120 Sarno Road.
Melbourne, FL 32935***