

## Notice of Privacy Practices

This notice explains how your medical information may be used and disclosed, and how you may access this information. Please review it carefully.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health-related information. While not every specific use or disclosure is listed, all permitted uses and disclosures fall within one of these categories:

**Treatment:** We may use and share your medical information with healthcare professionals such as doctors, nurses, technicians, medical students, and other staff involved in your care both within and outside our facilities. This includes sharing information necessary for your diagnosis, treatment, and continuity of care with specialties, pharmacies, and other providers.

**Payment:** To ensure appropriate billing for the treatment and services you receive, we may share your medical and demographic information with insurance providers, third-party payers, or other healthcare providers involved in your care. We may also disclose your information to individuals assisting with payment for your care.

**Required by Law:** We may disclose your medical information when required to do so by local, state or federal laws. This disclosure will be limited to the necessary legal requirements.

**Military:** We may disclose information 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.

**Law Enforcement:** We may disclose your medical information to law enforcement agencies as permitted by law. This may include reporting a crime, identifying or locating a suspect, fugitive, material witness, or missing person or providing information about the victim of a crime.

**Funeral Directors, Coroners and Medical Examiners:** We may disclose your medical information to funeral directors, coroners, or medical examiners as necessary to carry out their duties, including determining the cause of death or facilitating funeral arrangements.

**Workers Compensation:** Your medical information may be disclosed to comply with workers compensation laws or similar programs that provide benefits for work-related injuries or illnesses.

**Legal Proceedings:** We may disclose your medical information in response to a court or administrative order, subpoena, or discovery request, but only after efforts have been made to notify you of the request or to obtain an order protecting the requested information.

**Public Health Activities:** We may disclose information to facilitate public health activities, including but not limited to: reporting births and deaths, preventing or controlling disease, injury, disability, reporting cases of elder or child abuse, neglect, or domestic violence, reporting adverse reactions medications or product defects, notifying individuals about product recalls, and informing individuals who may have been exposed to a communicable disease or may be a risk of contracting or spreading a disease or condition.

**Inmates:** We may disclose information to facilitate your treatment, protect your health and safety and to ensure the safety of other, including law enforcement personnel and other inmate in a correctional facility.

**Disaster Relief:** We may disclose information 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.

**Appointment Reminders:** We may disclose information to remind you of appointments for treatment at our facilities or with others that have been arranged to be involved with your treatment.

**Healthcare Operations:** We may use and disclose your medical information for internal purposes such as reviewing the quality of care provided, training healthcare professionals, conducting audits, and carrying out other administrative tasks necessary to operate and improve our services.

**National Security:** We may disclose your medical information to authorized federal officials to assist in the protection of the President of the United States, other authorized individuals, or foreign heads of state.

**Intelligence Activities:** We may disclose information to authorized federal officials for the purpose of national security or to support intelligence and counterintelligence activities.

**Communicable Diseases:** We may disclose information to prevent a serious threat to your health and safety or to the health and safety of another person or the public.

**Your Best Interest:** Unless you object, we may use or disclose your medical information to inform you about potential treatment options, health benefits, or services that may be of interest to you.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:**

**Right to Inspect and copy:** You have the right to inspect and request a copy of your medical information that is used in making decisions about your care, excluding psychotherapy notes. Request must be submitted in writing to the Chief Executive Officer (“CEO”) of BHA. A fee may be charged for copying the information. In rare cases, we may deny your request to inspect or copy certain information. If you disagree with the denial, BHA will select an independent licensed healthcare professional to review your case, and we will comply with the outcome of that review.

**Right to Amend:** 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 CEO of BHA. We may deny your request if you are asking for the amendment of accurate and complete information that was not created by BHA or Information that is not either retained by BHA or that is not information which you would be permitted to inspect and copy.

**Accounting Disclosures:** 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 (6) years. Such a request should be made in writing to the CEO of BHA.

**Request Restrictions:** 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.

**Paper Copy of this Notice:** You have the right to request and receive a copy of this notice at any time.

**Confidential Communication:** You have the right to request that we communicate with you in a specific manner or at a specified location to protect your privacy. We will make reasonable efforts to accommodate such requests.

We reserve the right to change this notice at any time. We may revise or change this notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in various locations indicating the effective date. Revised copies of this notice will be provided upon request.

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.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

As a patient of BHA Medical Clinics, you have both rights and responsibilities that are essential for ensuring the best possible care.

### **Patient Rights:**

**Right to Respect and Support:** You have the right to be treated with respect and supported throughout your healthcare experience.

**Right to Information and Involvement:** You have the right to be fully informed and actively involved in all decisions regarding your healthcare.

**Right to Confidentiality:** Your medical records are completely confidential, and you have the right to privacy regarding your health information.

**Right to Considerate Care:** You have the right to choose or change your healthcare provider within BHA at any time.

### **Patient Responsibilities:**

**Health Reporting:** You are responsible for providing accurate and complete information about your health, including any conditions that may affect your care.

**Financial Transparency:** You are responsible for truthfully reporting your household's earnings, assets, and insurance status, including any Medicaid or Medicare eligibility.

**Appointment Attendance and Compliance:** You are responsible for attending all scheduled appointments and following the treatment plans, referrals, and follow-up recommendations given by your healthcare providers.

**Respectful Behavior:** You are expected to behave respectfully and appropriately towards all BHA staff members.

**Reporting Changes in Health:** You are responsible for informing your healthcare providers of any changes in your conditions that may affect your treatment plan.

**Medication Refill Notice:** You must contact the clinic at least ONE (1) week before running out of any medication provided through BHA pharmacy. Please note "walk-in" for medication refills are not permitted.

By adhering to these rights and responsibilities, you help us provide you with highest level of care.

## **PATIENT CENTERED MEDICAL HOME**

The Patient- Centered Medical Home (PCMH) is a model of care designed to provide comprehensive, patient-centered primary care for children, youth and adults. The PCMH fosters a strong partnership between patients, their BHA physicians, and when appropriate, the patient's family to ensure continuous and coordinated care.

Principles of PCMH:

1. **Personal Physicians:** Every patient has an ongoing relationship with a BHA physician who is trained to provide first-contact care and deliver continuous, comprehensive health services.
2. **Physicians-Directed Medical Practice:** A BHA physician leads a team of healthcare professionals who work together to manage and take responsibility for the ongoing care of patients.
3. **Whole Person Orientation:** The BHA physician is responsible for addressing all of the patient's healthcare needs or coordinating with other qualified professionals to provide specialized care. This approach includes care across all stages of life, from acute and chronic care to preventive services and end-of-life care.
4. **Coordinated and Integrated Care:** Care is coordinated across all elements of the healthcare system, including specialty care, hospitals, home health agencies, nursing homes, and community services. This integration is facilitated by technology, health information exchange, and register to ensure that patients receive the care they need, when and where they need it, in a manner that is culturally and linguistically appropriate.

## **QUALITY AND SAFETY ARE HALLMARKS OF THE MEDICAL HOME.**

At BHA, quality and safety are foundational to the care we provide. We are committed to achieving optimal, patient-centered outcomes through a compassionate partnership between physicians, patients and their families.

1. **Patient Advocacy:** BHA physicians advocate for their patients, aiming to achieve the best possible health outcomes through a collaborative planning process involving both the patient and their family.
2. **Evidence-Based Medicine:** Decisions-making at BHA is guided by evidence-based medicine and clinical decision-support tools, ensuring that care is grounded in the latest research and best practices.
3. **Continuous Quality Improvement:** BHA physicians are accountable for maintaining and improving quality by voluntarily participating in performance measurement and quality improvement initiatives.
4. **Active Patient Participation:** Patients are encouraged to actively engage in decision-making regarding their care, and their feedback is regularly sought to ensure expectations are met.
5. **Utilization of Information Technology:** Advanced information technology is used to support optimal patient care, facilitate performance measurement, enhance patient education, and improve communication between patients and healthcare providers.
6. **Accreditation and Recognition:** BHA is accredited by the Accreditation Association of Ambulatory Health Care (AAAHC) and recognized by the National Committee for Quality Assurance (NCQA) as a Level 3 Patient-Centered Medical Home.

7. **Enhanced Access to Care:** BHA offers enhanced access to care through features such as open scheduling, extended hours, and an online portal that facilitates communication between patients, their personal physicians and the clinic staff.

**CERTIFIED APPLICATION COUNSELORS FEDERALLY FACILITATED MARKETPLACE.**

As part of our privacy practices, we inform you of the roles and responsibilities of Certified Application Counselors (CACs) affiliated with our federally qualified health center and the Federally Facilitated Marketplace. By providing consent, you agree to allow our organization, including certified CACs, to create, maintain store, and/or use your personal information (PII) as necessary to fulfil the responsibilities outlines by federal regulations.

Certified Application Counselor Roles and Responsibilities:

1. **Providing Information on Health Coverage Options:** CACs will offer you fair, accurate, and impartial information about the full range of Qualified Health Plan (QHO) options and insurance affordability programs for which you may be eligible. This includes assistance with submitting a Marketplace eligibility application, explaining the difference between health coverage options, and helping you make informed decisions during the selection process. CACs may need to ask about and take notes on your health coverage needs to better assist you.
2. **Assisting with Health Coverage Applications:** CACs will help you apply for health coverage through the Marketplace.
3. **Assistance with Enrollment:** CACs will help enroll in a Qualified Health Plan (QHP) and/or an insurance affordability program.

Certification and Training:

1. Our federally qualified health center is designated to facilitate the Marketplace CACs and is compliant with all standards and comply with the terms of the Marketplace.
2. All CACs assisting you are certified and must meet specific requirements set by the Marketplace.
3. Before assisting patients, each CAC must complete a Marketplace approved training course and pass the required certification exam. They are also required to undergo annual recertification training to ensure they continue to meet the standards necessary for providing assistance.

**Acknowledgment**

**I hereby acknowledge that I have received and reviewed a copy of BHA's Notice of Privacy Practices. This notice explains how my medical information may be used and disclosed and outlines my rights and responsibilities. By signing below, I acknowledge that I have been given an opportunity to understand the Notice of Privacy Practices.**

Name \_\_\_\_\_

Date: \_\_\_\_\_

If signed by a personal representative

Representative Name: \_\_\_\_\_

Date: \_\_\_\_\_

