



**BROOKS HEALTH SYSTEM AND AFFILIATES**

**NOTICE OF PRIVACY PRACTICES**

**June 11, 2014**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**I. WHO WE ARE**

This Notice describes the privacy practices of Brooks Rehabilitation, Brooks Rehabilitation Hospital, Brooks Rehabilitation Centers, Brooks Health Development, Brooks Home Care Advantage, Bartram Crossing Skilled Nursing, The Greenhouse Residences, Bartram Senior Services, University Crossing Skilled Nursing, Brooks Rehabilitation Clinical Research Center, Brooks Rehabilitation Specialists, and their physicians, nurses, therapists, and other personnel (collectively, the “Brooks Health System”). These entities constitute both a single affiliated covered entity as has been designated by the entities and an Organized Health Care Arrangement for purposes of the federal privacy rules and each such entity has agreed to abide by the terms of this Notice and may share Protected Health Information with each other, as necessary to carry out treatment, payment, or health care operations relating to the Organized Health Care Arrangement.

**II. PROTECTED HEALTH INFORMATION**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this medical record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all identifiable protected health information (“Protected Health Information”) in the medical records of your care generated by Brooks Health System, whether made by Brooks Health System personnel, agents of the Brooks Health System, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your Protected Health Information created in the doctor’s office or clinic.

**III. OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your Protected Health Information and provide you with this Notice of our legal duties and a description of our privacy practices with respect to your Protected Health Information. We will only use and/or disclose your Protected Health Information in accordance with the terms of this Notice while it is in effect.

**IV. USES AND DISCLOSURES WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION**

The following categories describe examples of the way we may use and disclose your Protected Health Information without your authorization or written consent:

**A. Treatment, Payment and Health Care Operations**

- **For Treatment:** We may use Protected Health Information to provide, coordinate or manage your health care treatment and related services. We may disclose your Protected Health Information to doctors, nurses, technicians, medical students, or other health care providers who are involved in your treatment. For example, a doctor treating you for an orthopedic surgery may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the hospital may also share Protected Health Information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent health care provider with Protected Health Information to assist him or her in treating you. For example, Protected Health Information may be disclosed to people such as home health care providers who may be involved in your medical care after you leave our care.
- **For Payment:** We may use and disclose Protected Health Information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about your treatment so they will pay us or reimburse you for the treatment provided. We may tell your health plan about treatments you are going to receive to determine whether your plan will cover the services provided. We may also share your medical information with billing and collection departments or agencies, insurance companies and health plans in order to collect payments.



- **For Health Care Operations:** We may use your Protected Health Information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care and customer service that we deliver to you. For example, we may use it to evaluate the quality and competence of our physicians, nurses and other health care workers, and we may provide your information to our Patient Advocate in order to resolve any complaints you may have and ensure that you have a comfortable visit with us. In addition, we may disclose your Protected Health Information for certain types of health care operations, including any peer review or utilization review activities we undertake. For example, we may combine Protected Health Information we have with that of other hospitals to see where we can make improvements to our services.
- **Other Authorizations Required by Law –** including: legal proceedings and law enforcement; Workers’ Compensation; Protected Health Information related to Inmates; Military, National Security and Intelligence Activities; for the Protection of the President; certain approved research purposes; organ donation; for use by coroners, medical examiners and funeral directors; or any other reason such a disclosure would be required by law.

## **B. Business Associates**

There are some services provided in our organization through contracts with business associates. Examples may include certain administrative services or a copy service to make copies of your health record. When these services are contracted, we may disclose your Protected Health Information to our business associates so that they can perform the job we have asked them to perform or to bill you or your third-party payer for services rendered. To protect your Protected Health Information, however, we contractually require the business associate to appropriately safeguard your information.

## **C. Directory**

Unless you request otherwise, we may include certain limited information about you in the hospital or skilled nursing facility directory while you are a patient at a Brooks Health System location. The information may include your name, location in the hospital, your condition in general terms, and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory or restrict some or all of the information to be included in the directory, please request such opt out or restriction during the admission process.

## **D. Individuals Involved In Your Care or Payment for Your Care**

We may release to a family member or other relative, a close personal friend, or any person identified by you Protected Health Information that is directly relevant to that person’s involvement in your medical care or payment for your medical care, when you are present for, or otherwise available prior to, the disclosure, and do not object to such disclosure after being given the opportunity to do so. We may also disclose your Protected Health Information to such persons with your verbal agreement or written consent. In addition, we may disclose Protected Health Information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You can limit the people to whom we can disclose Protected Health Information about you by requesting such limitation during the admission process.

## **E. Research**

We may disclose Protected Health Information to researchers without your consent or authorization when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information has approved the research and granted a waiver of the authorization. In addition, certain elements of your Protected Health Information may be reviewed by our clinicians, employees or workforce to determine your potential eligibility for one or more clinical research trials, and we may contact you via telephone to determine your willingness to participate.

## **F. Future Communications**

We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities in which Brooks Health System is participating.

## **G. Fundraising Communications**

We may use Protected Health Information to contact you to request a tax-deductible contribution to support important activities of Brooks Health System. We may disclose Protected Health Information to a foundation, or a business associate on behalf of Brooks Health System, related to our organization so that the foundation or business associate may contact you in raising money for Brooks Health System. We may use, or disclose to a business associate or to an institutionally related foundation, the following Protected Health Information for the purpose of raising funds for Brooks Health System’s own benefit, without an authorization which meets the requirements of Sec. 164.508: (i) demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to an individual; (iii) department of service information; (iv) treating physician; (v) outcome information; and



(vi) health insurance status. If you wish to make a tax-deductible contribution now or do not want to receive any fundraising requests in the future, you may contact the Director of the Foundation at (904) 345-7600. If you chose to not receive any further fundraising requests and later change your mind, you can contact us via the telephone at the numbers listed and request to receive future fundraising information. If you choose to opt out of fundraising participation at this time, you may change your mind later by contacting the Director of the Foundation at 904) 345-7600 to opt back into fundraising participation.

**H. Organized Health Care Arrangement**

Brooks Health System entities and their medical staff members have organized and are presenting you this document as a joint notice. A Brooks Health System entity may disclose Protected Health Information about you to another Brooks Health System entity for any health care operations activities of the Organized Health Care Arrangement. Information will be shared as necessary to carry out treatment, payment and health care operations.

**I. Affiliated Covered Entity**

Protected Health Information will be made available to health system personnel within the Brooks Health System affiliated covered entities as listed in Section I of this Notice as necessary to carry out treatment, payment and health care operations. Caregivers at other affiliated covered entities may have access to Protected Health Information at their locations to assist in reviewing past treatment information as it may affect treatment at the present time.

**J. Public Health Activities**

We may disclose your Protected Health Information for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect, elder abuse, and disabled persons abuse to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease, if we are authorized by law to do so; (5) to report information to your insurer and/or other parties as required under state law addressing work-related illnesses and injuries; (6) to report information related to the birth and subsequent health of an infant to state government agencies as required by law; (7) to file a death certificate and report fetal deaths; and (8) to correctional institutions for inmates.

**K. Health Oversight Activities**

We may disclose your Protected Health Information to a health oversight agency that oversees the health care system or government benefit programs (such as Medicare or Medicaid).

**L. Law Enforcement/Legal Proceedings**

We may disclose Protected Health Information for law enforcement purposes as required by law or in response to a valid subpoena, a court order, or other lawful process.

**M. State-Specific Requirements**

Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may provide additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

**N. Decedents**

We may disclose your Protected Health Information to a coroner or medical examiner as authorized by law.

**O. Organ And Tissue Procurement**

If you are an organ donor, we may disclose your Protected Health Information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**P. Health Or Safety**

We may disclose Protected Health Information to prevent or lessen a serious danger to you or to others.

**Q. Specialized Government Functions**



We may use and disclose your Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

**R. Ordered Examinations**

We may disclose Protected Health Information when required to report findings from an examination ordered by a court or detention facility.

**S. As Required By Law**

We may use and disclose your Protected Health Information when required to do so by any other law not already referred to in the preceding categories.

**T. Disclosure Of Your Highly Confidential Information**

If you are an emancipated minor, certain information relating to your treatment or diagnosis will not be disclosed to your parent or guardian without your consent. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition, and will inform you of any such notification.

Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor's medical record (or, in certain instances, the entire medical record) may not be accessible to you.

**U. Uses and Disclosures That Require Authorization**

Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of Protected Health Information for marketing purposes and disclosures that constitute a sale of Protected Health Information **require authorization**. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the individual.

**V. YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION**

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the following rights.

**a. Inspect and Copy**

You have the right to inspect and obtain a copy of your medical record file containing Protected Health Information. If the record is in electronic format you have the right to receive an electronic copy of your medical record in a form (machine readable) that meets your needs. If you chose to have the electronic Protected Health Information emailed to you, we will send to you via an encrypted email. If you chose to receive the email in an unencrypted format, there is a risk that an unintended person could possibly intercept and open the email with your Protected Health information attached. Usually, these requests include medical and billing records, but not psychotherapy notes. We may deny your request to inspect and copy a portion of your records in certain limited circumstances. If you are denied access to Protected Health Information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Brooks Health System will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review. If you request copies, we will charge you a reasonable cost-based fee for such copies. You will also be charged postage costs if you request the copies be mailed to you.

**b. Amend**

If you feel that Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. We may deny your request for an amendment if we believe the information as currently stated is accurate and complete or other special circumstances apply, and if this occurs, you will be notified of the reason for the denial.

**c. An Accounting of Disclosures**

You have the right to request an accounting of disclosures of your Protected Health Information. This is a list of certain disclosures we make of your Protected Health Information for purposes other than treatment, payment or health care operations where an authorization was not required. If you request an accounting more than once in a twelve (12) month period, we will charge you a reasonable cost-based fee for the accounting.



**d. A Paper Copy of This Notice**

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Brooks Health System has a website where you may print or view a copy of the Notice by clicking on the Notice of Privacy Practices link at [www.Brookshealth.org](http://www.Brookshealth.org).

**e. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the facility by telephone by either calling the toll free Brooks Privacy Hotline at 866-TELL-BHS or online at – [www.reportlineweb.com/brooksrehab](http://www.reportlineweb.com/brooksrehab) for web-based online incident reporting. In addition, you may file a complaint in writing to Brooks Health System, Privacy Officer, 3599 University Blvd. South, Jacksonville, Florida, 32216. You may also file a complaint with the Office of Civil Rights, Secretary of the Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8980. **You will not be penalized for filing a complaint.**

**f. Right to Request Additional Restrictions**

You have the right to request restrictions on the use and disclosure of your Protected Health Information. However, we are not required to agree to a requested restriction and will only agree to a requested restriction if there is a substantial need or basis for the request and will not do so as a matter of course. If you wish to request such a restriction, please contact our Privacy Office identified below.

**g. Right to Receive Confidential Communications**

You may request, and we will accommodate, any reasonable written request to receive your Protected Health Information by alternative means of communication or at alternative locations.

**h. Right to be Notified in the Event of a Breach of Protected Health Information**

You will be notified in the event there is a breach of your Protected Health Information.

**i. Right to Restrict Disclosures of Protected Health Information**

You have the right to restrict disclosures to health plans if services have been paid for out of pocket in full. The request to restrict the disclosure shall be made in writing, and the request should identify: (i) the information to be restricted, (ii) the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both), and (iii) to whom the limits should apply.

**VI. OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your permission in the form of a written authorization. If you provide us permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. However, we will be unable to take back any disclosures we have previously made based upon your written authorization.

**VII. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current Notice will be posted in the facility and include the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

**VIII. QUESTIONS**

If you have questions concerning Brooks Health System’s Privacy Practices, please call 904-345-7274 and ask for the Privacy Officer. If you have questions concerning patient Medical Records, please call 904-345-7600 and ask for the Medical Records Department.

June 11, 2014