



## **MHS PRIVACY NOTICE**

Effective Date: April 14, 2003  
Revised: June 11, 2014  
September 22, 2015  
November 30, 2017  
March 20, 2019

***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***

Memorial Healthcare System (MHS) owns and/or operates various hospitals and other healthcare facilities, including, without limitation, Memorial Regional Hospital, Joe DiMaggio Children's Hospital, Memorial Regional Hospital South, Memorial Hospital West, Memorial Hospital Miramar, Memorial Hospital Pembroke, Memorial Manor Nursing Home, Memorial Home Health, and South Broward Community Health Services at various locations. MHS additionally employs physicians and other healthcare professionals.

MHS protects the confidentiality of its patients' personal medical information under a privacy program as required by law. This notice describes the MHS Privacy Program.

### **OUR POLICY REGARDING MEDICAL INFORMATION:**

We understand that your medical information is personal. We create a record of the care and services you receive from Memorial Healthcare System. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the information about or related to your care or treatment generated by or for MHS hospitals and other MHS facilities, including records of your care made by MHS employees or your personal doctors or other healthcare professionals. Medical information includes mental health treatment records, drug and alcohol rehabilitation records, and HIV test results.

Some of your personal doctors or other healthcare professionals may not be MHS employees and may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private in the way described in this notice.
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

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

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, healthcare students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating a patient for a broken bone may need full access to your record to learn of any medical conditions that could affect the healing process. The same applies to a dietitian so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

We also may disclose medical information about you to people outside the hospital who may be involved in your medical care during your stay and after you leave the hospital such as family members, or other persons who provide services that are part of your care. We may disclose medical information about you for the treatment, payment or certain operations of other health care providers caring for you.

Some information, such as certain genetic information, certain drug and alcohol abuse treatment rehabilitation information, HIV test results and behavioral health treatment information, is entitled to special restrictions by state and/or federal laws related to the protection of this information.

MHS currently participates in health information exchanges (HIE). The HIE is designed to securely electronically share your medical information to your other providers for treatment purposes and for payment of treatment services.

The goal of the HIE is to help participating physicians and providers give better, more efficient care to their patients by the sharing of health information across secure electronic systems. This means that, wherever you go, your health information may be available to all doctors who use the HIE. The goal of the HIE is to provide safer, more coordinated patient care.

You may opt out of the Health Information Exchange by doing one of the following:

1. Send your request via email to MHSHE@mhs.net, with "Opt-Out" in the subject line; OR
2. Mail your written request, signed and dated, to the Memorial Healthcare System, Health Information Management Department, Memorial Training Center, 2990 Executive Way, Miramar, FL 33025; OR
3. Advise Registration that you want to Opt-Out.

Include all of the following with your e-mail or mail request so we can be sure to identify the correct medical information to restrict from the Health Information Exchange:

- a) A statement that you want to OPT OUT of the HIE.
- b) First and last name (and middle name, if applicable)
- c) Memorial Healthcare System medical record number if available
- d) Date of birth
- e) Telephone Number
- f) Address

Should you desire to change your opt-out decision and want to opt back in, you may Opt-In at any time. Please contact us by e-mail or letter to the addresses listed above and include a statement that you want to OPT IN the HIE as well as all information in subparagraphs (b-f) above.

If you send your Opt-In request by e-mail, please include "Opt-In" in the subject line.

Questions: Contact the Memorial Healthcare System Privacy Office at 954-265-1165

**For Payment**

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about care you received at the hospital so that your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We may also disclose information to another provider so that provider can receive payment for services provided to you. For example, we may tell the name of your insurance company to the ambulance service that transported you to, and the doctors who treated you at the hospital.

**For Health Care Operations**

We may use and disclose medical information about you to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, healthcare students, and other hospital personnel for review and learning purposes.

We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can improve the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also disclose medical information about you to another provider who has treated you for the quality-related health care operations of that provider, or for the purpose of health care fraud and abuse detection or compliance. MHS and the law require that all individuals with access to your records seek only the minimum amount of information necessary to perform their duties and services for health care operations purposes.

**Incidental Disclosures**

We may make certain incidental or inadvertent uses or disclosures of your medical information. For example, while your doctor is explaining your medical condition, a small portion of the conversation might be overheard by someone walking past the treatment area.

**Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

**Treatment Alternatives**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Fundraising Activities**

We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital to assist us in our fundraising activities. Limited information, such as your address and telephone number, date, department and outcome of treatment, your physician's name and your insurance status would be released so that the foundation may contact you in raising money for the hospital. You have the right to opt out of fundraising communications at any time and your request must be honored. Any such communication will have clear and conspicuous instructions on how to opt out of future communications. If you would prefer not to receive fundraising communications in the future, please contact the offices of the Memorial Foundation or the Joe DiMaggio Children's Hospital Foundation:

Email: [MhsFoundation@mhs.net](mailto:MhsFoundation@mhs.net)  
[JDCHFoundation@mhs.net](mailto:JDCHFoundation@mhs.net)

Telephone: 954-265-3454

Address: 3329 Johnson Street  
Hollywood, FL 33021

You may also contact the Corporate  
Director of Privacy at:

Telephone: 954- 265-1165

Address: 3111 Stirling Road  
Hollywood, Florida 33312

**Hospital Directory**

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

You have the right to request that we do not include all or part of the information about you in the directory. You may request "NO INFORMATION" status, which means that you will be excluded from the Hospital Directory, and the hospital will not acknowledge your admission to anyone making inquiry. Your request for "NO INFORMATION" status should be directed to Patient Registration or nursing personnel.

**Business Associates**

We may disclose information about you to one of our business associates, in order to carry out treatment, payment, or health care operations. For example, we may disclose medical information about you to a company that bills insurance companies on behalf of MHS to enable that company to help us obtain payment for the services we provide. Other Healthcare Providers may disclose information about you to their Business Associates.

**Individuals Involved in Your Care or payment for Your Care**

We may release medical information about you to anyone with legal authority to make health care decisions on your behalf, or to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical 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.

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process.

Before research can be conducted without a patient's authorization, the proposed research project will be evaluated trying to balance the research needs with patients' need for privacy. The project must be approved by a special committee known as the MHS Institutional Review Board.

### **As Required by Law**

We will disclose medical information about you when required to do so by federal, state or local law.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **Indigent Care**

MHS uses protected health information to provide care to people who are unable to pay for that care. This includes activities such as obtaining drugs or enrolling patients in drug assistance programs that provide products for free or reduced rates.

### **SPECIAL SITUATIONS**

#### **Organ and Tissue Donation**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

#### **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks**

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report reactions to
- medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient who is a minor or disabled adult has been a victim of abuse, neglect or exploitation or to notify law enforcement of a gunshot wound or other life threatening wound indicating violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process under the law. Parties using these legal procedures to get medical information about you have an obligation to tell you about the request or to obtain an order protecting the information requested. MHS has procedures to inform parties of their obligations under the law and to seek assurances of compliance.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process, or wherever otherwise authorized by law;
- About criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, Counterintelligence, and other national security activities authorized by law.



**Protective Services for the President and Others**

We may release medical information if we, in good faith, believe the release is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates**

For patients who are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about the patient to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide the patient with health care; (2) to protect the patient's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to Inspect and Copy**

You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request. If your records are maintained in electronic format, you may request a copy in electronic format, or designate that we send your records to a third party in electronic format.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will review your request as required by law and only deny access when we find that these limited circumstances apply.

**Right to Amend**

If you feel that medical 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. To request an amendment during treatment, your request may be made to the provider who created the record. To request an amendment after treatment, your request must be in writing and submitted to the Hospital Privacy Director. Medical records will be amended only through the addition of information which correctly states the time and date the information is added. Existing records will not be removed, destroyed, or altered in a way that makes the original entry unreadable.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Director. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

**We are not required to agree to your request.**

As a matter of routine, MHS does not agree to restrictions on our use of information for treatment, payment, or health care operations. However, if you have special circumstances which we should consider, you may request restrictions to our use or disclosure of your medical information. This request must be in writing to the Privacy Director listed on the last page of this notice. Your request must state your special circumstances. If you pay out of pocket for specific services, you may request that PHI about that service not be disclosed to your health plan. MHS will grant such requests; however, the restriction does not prevent MHS from disclosing the subject PHI to the health plan when the health plan needs that information to treat you. You have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.



**Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Hospital Privacy Director.

We will not ask you the reason for your request. We will use our best efforts to accommodate reasonable requests. Your request must specify how or where you wish to be contacted. If you make this request after treatment has begun, you may also have to make your request to physicians treating you in the hospital.

**Right to a Paper Copy or Electronic Copy of This Notice**

You have the right to a paper or electronic 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.

You have the right to withdraw your request for receipt of electronic notice at any time.

You may obtain a copy of this notice at our website, [www.mhs.net](http://www.mhs.net).

To obtain a paper or electronic copy of this notice, you may make a verbal or written request to the staff caring for you at an MHS facility.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed 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 the hospital and on the MHS website. The notice will contain the effective date on the first page. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will have the notice available for you to take with you, at your request.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the U. S. Department of Health and Human Services at:

OCR Regional Manager  
Office for Civil Rights  
U.S. Dept. of Health and Human Services  
61 Forsyth Street, SW- Suite 3870  
Atlanta, GA. 30303  
Phone: 404-562-7886  
FAX: 404-562-7881  
E-mail: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)  
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

To file a complaint with the hospital, you may contact the Privacy Director of the hospital. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL 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 written permission. If you provide us with an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. If you have any questions about this notice, please contact the Memorial Health Care System Privacy Director.

Memorial Healthcare System  
Legal, Risk & Privacy Department  
ATTN: Corporate Director of Privacy  
**3111 Stirling Road Hollywood, FL 33312**  
**Office:(954) 265-1165**