



Lakeland Regional Health®

Lakeland Regional Health Systems, Inc. • Lakeland Regional Medical Center, Inc.

HIPAA Notice of Privacy Practices

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.

Who Will Follow This Notice

This notice describes the practices of Lakeland Regional Health Systems, Inc. (“LRHS”) and Lakeland Regional Medical Center, Inc. (“LRMC”) and those of:

- Any health care professional authorized to enter information into your medical chart. If a member of the Medical Staff or credentialed Allied Health Professional has not elected to be governed by this Notice, the law requires them to provide you with a copy of their own Notice of Privacy Practices. This joint Notice of Privacy Practices was created for information management purposes only. No joint venture or other relationship between LRHS/LRMC and its Medical Staff and its credentialed Allied Health Professionals is created or implied.
- All departments and units of LRMC and LRHS;
- Any member of a volunteer group we allow to help you while you are in the hospital;
- All employees, staff, and other personnel;
- Lakeland Regional Medical Center Foundation, Inc., Lakeland Regional Health Surgery Center LLC, Lakeland Regional Cancer Center, and Oncology Specialists of Florida. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or healthcare operation purposes described in this Notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our facilities, whether made by our personnel or your personal doctor. Your personal doctor 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;
- 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 are currently in effect

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose your medical information. 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 physicians, nurses, technicians, healthcare students, or other personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of our healthcare facilities 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 our facilities who may be involved in your medical care after you leave our facility, such as family members, therapists, home health agencies, long term care facilities or others we use to provide services that are part of your care.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at our facility 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 surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. 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. However, if you pay for a health care item or service “out-of-pocket” in full, you may request that we will not disclose your health information to your health plan or insurance company.

For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our healthcare facilities and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in 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 healthcare delivery without learning who the specific patients are.

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 our facilities.

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.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities: The Lakeland Regional Medical Center Foundation, Inc. is permitted to use demographic information, such as your name, address and phone number, and your dates of treatment to contact you for fundraising purposes for LRMC and LRHS and will only utilize other protected health information with your specific authorization. You will have the opportunity to opt out of receiving fundraising communications. For example, you may request that these materials not be sent to you by writing to our Director of Health Information Management Services at the address listed in this Notice.

Directory: We may include certain limited information about you in the hospital directory while you are a patient with us. This information may include your name, location in the facility, 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 minister, priest or rabbi, even

if they do not ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing. You may restrict some or all of these disclosures by informing the hospital representative when you are registered or by speaking to your Nurse once you are admitted

Individuals Involved in Your Care or Payment of Your Care: We may release medical information about you 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. We may also tell your family or friends your condition and that you are a patient in our facility. 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. You may restrict some or all of these disclosures by requesting the restriction in writing. Your Nurse or other patient care provider can assist you in this request. You can also make the request in writing to the Health Information Management Services department at 863-687-1100, ext. 2835 or by mail to: Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804.

Business Associates: LRMC and LRHS may use and disclose certain medical information about you to our business associates. A business associate is an individual or entity under contract with LRMC or LRHS to perform or assist them in a function or activity that necessitates the use or disclosure of medical information. Examples of business associates, include, but are not limited to, a copy service used by the entities to copy medical records, consultants, accountants, lawyers, medical transcriptionists, and third-party billing companies. LRMC and LRHS require the business associate to protect the confidentiality of your medical information.

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. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We, however, may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our facilities. Unless the disclosure meets one of the exceptions described above, we will usually ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our facility.

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.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

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.

Worker's Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Health information related to services rendered to our employees at our facilities will be released to LRMC or LRHS if the services involve work-related medical surveillance and/or work-related illness or injuries.

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 child or vulnerable adult abuse or neglect;
- 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.

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: If you are involved in a lawsuit or a dispute, 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 by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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, subject to all applicable legal requirements.

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 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 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: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Use and Disclosure Requiring Authorization: Certain categories of health information have extra protections by law, and thus require special written authorization for disclosure. Most uses and disclosures of your psychotherapy notes require special written authorization, which we will obtain from you prior to any use or disclosure of your psychotherapy notes when required. When required by law, we will also obtain special written authorization from you prior to using or disclosing your health information for marketing purposes or prior to selling any of your personal health information.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: With a few exceptions, you have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered for judicial proceedings. To inspect and copy medical information that may be used to make decisions about you, please notify your Nurse if you are an inpatient. If you are not an inpatient, please submit your request in writing to the Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

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 LRMC or LRHS. To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management Services, Lakeland Regional Medical Center, and P. O. Box 95448, Lakeland, FL 33804. In addition, you must provide a reason that supports your request. 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 LRMC or LRHS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete. We will respond to your request in writing within sixty (60) days of your written request.

Right to an Accounting of Disclosures: You have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This listing will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and the reason for the disclosure. The listing will not include the following disclosures:

- Disclosures made for the purpose of treatment, payment or healthcare operations, or disclosures of directory information or disclosures made to family or responsible caregivers as described above;
- Disclosures made directly to you;
- Disclosures made based on a valid authorization from you or from your legally authorized representative;
- Oral or incidental disclosures;
- Disclosures made for purposes of national security, or to correctional institutions or law enforcement officers as described above;
- Disclosures made prior to April 14, 2003.

You must request this listing of disclosures by submitting your request in writing to the Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804. We will provide you with the list within sixty (60) days of receipt of your request, unless you agree to a thirty (30) day extension. There is no charge to you for the list, unless you request such a list more than once a year.

Right to Notification of Breach: You have the right to receive written notification of a breach where your unsecured health information has been accessed, acquired, used, or disclosed to an unauthorized person as a result of such breach in a manner that compromises the security or privacy of your health information. Unless specified by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

Right to Request Restrictions: You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, or our payment or health care operation activities. However, we are not required to agree to your requested restriction and, even if we agree to the requested restriction, we are permitted to use your information without complying with the restriction if necessary to treat you in an emergency situation. To request restrictions, please notify your nurse if you are an inpatient. If you are not an inpatient, please submit your request in writing to the Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804.. Lakeland, FL 33804. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. Although we are generally not required to agree to requested restrictions, we are required to keep your health information confidential if you pay for a health care item or service “out-of-pocket” in full, and you request that we not disclose health information related to that health care item(s) or service(s).

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 Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to 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. You may obtain a copy of this Notice at our websites, lrmc.com or lakelandregionalcancercenter.com. To obtain a paper copy of this Notice, contact the Director of Planning and External Relations, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804.

Changes to this Notice

The effective date of this Notice is September 23, 2013. It will remain in effect until we replace it.

LRMC and LRHS will abide by the terms of the Notice currently in effect. LRHS and LRMC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. An updated version of this Notice may be obtained online at www.lrmc.com or www.lakelandregionalcancercenter.com, or from the Director of Planning and External Relations, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Corporate Integrity Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL, 33804. 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 medical 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 permission to use or disclose medical 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 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 Director of Health Information Management Services, P.O. Box 95448, Lakeland, Florida 33804, (863) 687-1100, ext. 2835.

NONDISCRIMINATION NOTICE

Lakeland Regional Health (LRH) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Lakeland Regional Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

LRH provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services or if you believe that LRH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting LRH Resolution Services by phone or by mail:

LRH Resolution Services
PO Box 95448
Lakeland FL 33804
863.687.1025

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Dept. of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 863.687.1025.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 863.687.1025.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 863.687.1025.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 863.687.1025.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 863.687.1025。

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 863.687.1025.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 863.687.1025.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 863.687.1025.

Arabic: ملحوظة: إذا كنت تتحدث لغة، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل برقم 863.687.1025.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 863.687.1025.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 863.687.1025.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 863.687.1025.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 863.687.1025 번으로 전화해 주십시오.

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કોલ કરો 863.687.1025

Thai: ข้อควรระวัง: หากคุณพูดภาษาไทย, เราให้บริการช่วยเหลือภาษาฟรีสำหรับคุณ โทร 863.687.1025