

Sarasota Memorial Hospital Physician Hospital Organization Notice of Privacy Practices

Effective Date: October 1, 2012

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

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please call and ask for our Privacy Officer
(Telephone numbers are on the last page of this Notice).

Who will follow this notice

This joint Notice describes the privacy practices of the Sarasota Memorial Hospital Physician Hospital Organization (PHO) and includes:

- All employees or members of the PHO

UNDERSTANDING YOUR PERSONAL INFORMATION

Personal information is information that may identify you (such as your name, address, social security number), as well as your professional and practice information. This personal information is protected by law and is frequently referred to as "Protected Personal Information," or PPI.

OUR PLEDGE REGARDING PERSONAL INFORMATION

We understand that your personal information is not public information. We are required by law to:

- Make sure your personal information is private,
- Give you this Notice of our legal duties,
- Follow the terms of this Notice.

This Notice of Privacy Practices will tell you about the ways in which we may use and disclose your personal information. It also describes your rights, as well as certain responsibilities that we have, regarding your personal information.

HOW WE MAY USE AND DISCLOSE PERSONAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your personal information without your written authorization. All of the ways we are permitted to use and disclose information will fall within one of these categories:

- **For Commercial Carrier Participation:** We may use or disclose your personal information to assist you with participation with the Commercial Carriers you have chosen as a member of the PHO. This information includes your board specialty, corporate and practice information. For example, we will share information about you and your practice with a third-party payor as required to enable you to bill the payor.
- **For Billing and Payment:** We may use and disclose personal information about you so you are contractually reimbursed for the services you render to the patients participating in the provider network. For example, we may provide information to a third-party payor about you and your practice to facilitate the payment of a claim your office has submitted on behalf of a patient.

- **Business Associates:** We may share your personal information with third party “business associates” who perform various services for our provider network. These “business associates” include third party payors, pharmacy benefit managers, and commercial carriers. For example, we may send your personal information to a company that assists us in billing. We require our business associates to appropriately safeguard your personal information.
- **Personal Health Records System:** We may use your personal information provided by you for purposes of providing this service to you, as well as communicating with you through the use of a PHR.
- **As Required By Law:** We will disclose your personal information under special situations as required by federal or state law, including:
 - **Military and National Security:** We may disclose your personal information to authorized Federal officials for conducting national security and intelligence activities, including the provision of protective services to the President. We may also be required to disclose personal information of members of the Armed Forces:
 - For activities deemed necessary by appropriate military command authorities, or
 - To foreign military authorities if you are a member of that foreign military service.
 - **Health Oversight Activities:** We may disclose personal information to a government health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include government benefit programs, government regulatory programs and civil rights laws, etc.
 - **Legal Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your personal information in response to a court or administrative order. We may also disclose your personal information in response to a subpoena, discovery request, or other lawful process, 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 disclose your personal information if required to do so by a law enforcement official for law enforcement purposes:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - Pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital or any of our health care companies; 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.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

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

- **The Right to Access and Copy:** You have the right to access and obtain a copy of your personal information that may be used to make decisions about your membership. This includes personal records and dates of committee and board approvals.

We may deny your request to access and copy in certain limited circumstances. Written notice of denial will be provided; this may include electronic communication if appropriate. If you are denied access to your personal information you may request that the denial be reviewed. A PHO Board Member will be chosen by the Board to review your request and the denial. This Board member will not be the person who denied your initial request, and we will comply with the outcome of that review.

To access and request a copy of your personal information, log on to www.smhpho.org and access your information. You may also contact the Privacy Officer or the PHO Medical Director by calling the telephone number listed on the last page of this Notice. A fee may be charged for making copies.

- **The Right to Amend.** If you think that the personal information we have about you is incorrect or incomplete, you may ask us to amend, or correct the information. You have the right to request an amendment for as long as the information is kept by, or for, the PHO and our Business Associates. To request an amendment, please contact the Privacy Officer or the PHO Medical Director by calling the telephone number listed on the last page of this Notice. Reasonable efforts will be taken to communicate the amendment to others in the network within a reasonable time frame.

You will be required to provide a reason that supports your request. Please note that we may deny your request if you ask us to amend information that:

- Was not created by us, unless the author or entity that created the information is no longer available to make the amendment;
- Is not part of the personal information kept by or for our PHO or our Business Associates;
- Is not part of the information which you would be permitted to review and copy;
- Is accurate and complete

Note: Changes to personal information such as changes of address, date of birth, etc. are not amendments and may be routinely processed.

- **The Right to Request Restriction.** You have the right to restrict or request a limit on the use and disclosure of your personal information for credentialing, billing, and payment as described previously in this notice

We are not required to agree to your request. If we do agree, we will comply with your request until the agreement is terminated by either you or PHO.

To request a restriction or limitation please contact the appropriate Privacy Officer by calling one of the telephone numbers on the last page of this Notice. Your request must specify:

- The information you want to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply, for example to your spouse.

Note: If agreement to restrict is terminated, the termination applies only to the PPI created after the termination date. PPI created prior to termination will continue to be restricted or limited in accordance with the agreement.

- **The Right to Request Confidential Communications:** You have the right to request that we communicate with you about personal matters in a certain way, at a certain time, or at a certain location. For example, you may ask that we only contact you at work or by U.S. mail. To request confidential communications, you must make your request in writing to the Privacy Officer listed on the last page of this Notice. Your request must specify how or where you wish to be contacted.

- **The Right to an Accounting of Disclosures.** We will notify you, as required by law, if we use or disclose your personal information in an unauthorized way. Additionally, you have the right to request an “accounting of disclosures” of your personal information. This is a list of the disclosures of your personal information that we made to others. The list does not include disclosures made:

- For PHO operations.
- To you
- Incidental disclosure
- In accordance with an authorization
- Through our PHO directory
- For national security or intelligence purposes, and
- To law enforcement officials.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer listed on the last page of this notice or the PHO Medical Director. Your request must state:

- A time period for which you want the accounting.
- In what form you wish to receive the accounting (for example, paper or electronically).

The first accounting you request within a twelve-month period will be free. For additional accountings, a fee may be charged for providing the list. We will notify you of the fee before any costs are incurred.

- **The Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice and you may request a copy at any time from any member of our staff. In addition, you may obtain a copy of this Notice at any of our websites.

If you have any questions regarding these rights please contact our privacy officers using the telephone contact list on the last page of this Notice, or ask any member of our staff to contact a privacy officer for you.

OTHER USES OF YOUR PERSONAL INFORMATION

Other uses and disclosures of personal information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose personal 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 personal information about you for the reasons covered by your written authorization. We are unable to take back any disclosures that we have already made, and, we are required by law to retain our records of the service that we provided to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may call 917-6627 and ask for the PHO Privacy Officer or submit your complaint in writing to the Health Plan/Network Manager, Sarasota Memorial Hospital Physician Hospital Organization, 1700 S Tamiami Trail, Sarasota, Florida 34239. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services or the Secretary of the United States Department of Labor.

The quality of the service you receive will not be jeopardized nor will you be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice of Privacy Practices. We also reserve the right to apply any changes to this Notice to the personal information that is already in our possession as well as to any future personal information. We will post a copy of our current Notice of Privacy Practices, including the effective date, in our physical location as well as each of our websites. In addition, whenever changes to the Notice occur, we will offer you a copy of the latest Notice of Privacy Practices each time you re-credential with the PHO.

ACKNOWLEDGEMENT

We will ask you to electronically sign and date a form indicating your receipt of this Notice of Privacy Practices.

TELEPHONE CONTACT LIST

Please use this telephone list to contact the appropriate member of our staff to help you with questions regarding this Notice of Privacy Practices:

Physician Hospital Organization – Privacy Officer	(941) 917-6627
Physician Hospital Organization – Medical Director	(941) 917-4125