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BAPTIST HOME HEALTH CARE

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

Each time you receive care or treatment from a Baptist Home Health Care provider (“BHHC”), a record of such care or treatment is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice is provided to inform you regarding (i) how BHHC providers and staff may use or disclose medical information about you, (ii) with whom medical information about you may be shared, (iii) the safeguards BHHC has in place to protect medical information about you and (iv) your rights to access and amend medical information about you.

BHHC is required to maintain the privacy of medical information about you and abide by the terms of this Notice (or the version currently in effect). BHHC reserves the right, however, to change this Notice in the future. Its effective date is noted at the top of this first page. BHHC reserves the right to make the revised or changed notice effective for health information it already has about you as well as any information it receives in the future. You may obtain a copy of the current version of this Notice at any time in the future by accessing the Baptist Health website at www.e-baptisthealth.com, contacting the BHHC Privacy Officer and requesting a copy be mailed to you, or asking that a copy be provided to you at the time of your next BHHC visit.

You will be asked to provide a signed acknowledgment of receipt of this Notice. Since BHHC’s intent is to make you aware of the possible uses and disclosures of medical information about you and your privacy rights, the delivery of your health care services will in no way be conditioned upon your signed acknowledgment of this Notice. If you decline to provide a signed acknowledgment, BHHC will continue to provide your treatment and will use and disclose medical information about you to the extent permitted by applicable law.

USE AND DISCLOSURE OF MEDICAL INFORMATION ABOUT YOU

For Treatment: BHHC may use medical information about you, as needed, to provide treatment or services to you. BHHC may disclose medical information about you to doctors, nurses, technicians, medical students or other individuals who are involved in taking care of you. For example, a BHHC provider may provide information to the ordering physician about how your medical condition is progressing or how you respond to medical treatment. BHHC may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you in the future.

For Payment: BHHC may use and disclose medical information about you, as needed, to bill and collect payment from you, your insurance company or a third party payer for care or treatment rendered to you. For example, BHHC may need to give your insurance company information about a BHHC visit so that it will pay BHHC or reimburse you for treatment provided by BHHC in connection with such visit, or BHHC may need to give the ordering physician information about you so that he or she can bill your insurance company for his or her professional services rendered in connection with the care or treatment provided to you by BHHC. BHHC may also tell your health plan about care or treatment you are going to receive to determine whether your plan will cover the cost of it.

For Healthcare Operations: BHHC may use and disclose medical information about you, as needed, to support the daily activities related to its healthcare services. These activities include, but are not limited to, quality assessment activities, oversight of staff performance, healthcare education, licensing, fundraising, communications about a product or service, and conducting or arranging for other healthcare-related activities. For example, BHHC may disclose medical information about you to medical school students observing BHHC patients or BHHC may use or disclose medical information about you, as necessary, to contact you to remind you of an upcoming visit.

BHHC may share medical information about you, as needed, with independent “business associates” who perform various activities (for example, billing services or transcriptionists) for BHHC. BHHC’s business associates will also be required to protect any medical information BHHC provides about you. BHHC may also use or disclose medical information about you, as needed, to provide you with information about treatment alternatives or other health-related benefits and services that might be of interest to you. For example, your name and address may be used to send you a newsletter about BHHC and the services it offers or to send you information about products or services that BHHC believes might benefit you.

BHHC may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information about you that directly relates to that person’s involvement in your care. BHHC may also disclose information to someone who helps pay for your care. BHHC may use or disclose medical information about you to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. BHHC may use or disclose medical information about you to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

As Required by Law: BHHC may use or disclose medical information about you to the extent permitted or required by applicable law.

For Public Health: BHHC may disclose medical information about you to a public health authority who is permitted by law to collect or receive such information. Such disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Notify the appropriate government authority if BHHC believes a patient has been the victim of abuse, neglect, or domestic violence.

Regarding Communicable Disease: BHHC may disclose medical information about you, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight: BHHC may disclose medical information about you to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies may include State and federal government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

For Product Tracking: BHHC may disclose medical information about you to a person or company required by the Food and Drug Administration (FDA) to do the following:

- Report adverse events, product defects, or problems and biologic product deviations;
- Track products;
- Enable product recalls;
- Make repairs or replacements; or
- Conduct required post-marketing surveillance.

In Legal Proceedings: BHHC may disclose medical information about you during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

For Law Enforcement: BHHC may disclose medical information about you for law enforcement purposes, including the following:

- Responses to legal proceedings;
- Information requests for identification and location;
- Circumstances pertaining to victims of a crime;
- Deaths suspected from criminal conduct;
- Crimes occurring at BHHC; or
- Medical emergencies believed to result from criminal conduct.

To Coroners, Funeral Directors and Organ Procurement Organizations: BHHC may disclose medical information about you to coroners or medical examiners for identification, to determine the cause of death or for the performance of other duties authorized

by law. BHHC may also disclose medical information about you to funeral directors, and to organ procurement organizations to facilitate cadaveric organ, eye, or tissue donations.

For Research: BHHC may use medical information about you or disclose medical information about you to researchers when authorized by law. For example, BHHC may disclose information about you to a researcher pursuant to an institutional review board (IRB) or privacy board approved protocol or retrospective review request that has been determined to pose minimal risk to your privacy.

For Health, Safety and National Security: BHHC may disclose medical information about you, in accordance with State and/or federal law, if it believes that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. BHHC may disclose medical information about you if it is necessary for law enforcement authorities to identify or apprehend an individual. BHHC may also disclose medical information about you to authorized federal officials for conducting national security and intelligence activities.

Regarding Workers' Compensation: BHHC may disclose medical information about you to comply with workers' compensation laws and other similar legally-established programs.

Regarding Inmates: If you are an inmate of a correctional facility, BHHC may use or disclose medical information about you to such facility.

NOTE: Sexually-transmissible disease-related information (including HIV and AIDS), genetic information, alcohol and/or substance abuse information, mental health information and other specially protected health information may be subject to additional confidentiality protections under applicable State and federal law. Any uses or disclosures of these types of information will be subject to any such additional protections.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You may exercise the following rights by submitting a written request to the BHHC Privacy Officer. Please be aware, however, that BHHC might deny your request, when legally permitted to do so.

Right to Inspect and Copy: For as long as BHHC maintains medical information about you, you may inspect and obtain a copy of medical information about you contained in certain medical and billing records maintained by BHHC. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and medical information about you that is subject to a law that prohibits access to medical information about you.

Right to Request Restrictions: You may ask BHHC not to use or disclose medical information about you for treatment, payment, or health care operations (as described in this Notice). Your request must be submitted in writing to the BHHC Privacy Officer. In your request, you must specifically state (i) what information you want restricted; (ii) whether you want to restrict BHHC's use, disclosure, or both; (iii) to whom you want the restriction to apply, for example, disclosures to your spouse; and (iv) an expiration date. If BHHC believes that the restriction is not in the best interest of either party, or BHHC cannot reasonably accommodate your request, BHHC is not required to agree. If the restriction is agreed to by BHHC, BHHC will not use or disclose medical information about you in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications: You may request that BHHC communicate with you using alternative means (e.g., e-mail) or at an alternative location (e.g., post office box). BHHC will not ask you the reason for your request, and will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information BHHC maintains about you is incorrect or incomplete, you may request an amendment to such information. While BHHC will accept requests for amendment, BHHC is not legally required to agree to an amendment.

Right to an Accounting of Certain Disclosures: You may request that BHHC provide you with an accounting of certain disclosures it has made of medical information about you. This right applies to disclosures made for purposes other than treatment, payment or health care operations (as described in this Notice). To be accountable, the disclosure must have been made after April 14, 2003 and no more than 6 years from the date of your request. This right excludes disclosures made to you, for a BHHC directory, to family members or friends involved in your care, or for notifications required by law (including disclosures for law enforcement, national security or intelligence purposes). The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this Notice (or the version currently in effect) from BHHC or view it electronically via the Baptist Health website at www.e-baptisthealth.com.

PRIVACY LAWS

This Notice is provided to you as a requirement of the rules created under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). There are several other State and federal privacy laws that also apply to medical information about you including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. To the extent not preempted by HIPAA, BHHC has taken such laws into consideration in developing its privacy policies and this Notice.

COMPLAINTS

If you believe BHHC has failed to comply with this Notice or that BHHC has violated these privacy rights, you may file a written complaint with the BHHC Privacy Officer or the Department of Health and Human Services. BHHC will not retaliate against you for filing a complaint.

CONTACT INFORMATION

You may contact the BHHC Privacy Officer for further information about the complaint process or for further explanation of this document. The BHHC Privacy Officer (or his designee) may be contacted at:

Baptist Home Health Care Privacy Officer
1325 San Marco Boulevard, Suite 902
Jacksonville, Florida 32207
(904)202-HIPA (4472) *telephone*
(904)202-4094 *facsimile*