

## Our Obligations

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We are required to:

- Maintain the privacy of your protected health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms of this Notice; and
- Obtain your written authorization to use and disclose your health information for reasons other than those listed in this Notice and permitted under law.

**Changes to this Notice.** We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain, including the information we obtained prior to the change. Revised notices will be made available to you upon request by contacting our Privacy Officer at the address below. The Notice will also be available on the Bayfront Health System website, [www.bayfront.org](http://www.bayfront.org).

## Complaints

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You may express your concerns to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. To file a complaint with us, contact our Privacy Officer at (727) 893-6158. To file a complaint by mail, send it to the following address:

**Privacy Officer**  
**Bayfront Health System**  
**701 6th Street South**  
**St. Petersburg, FL 33701-4891**

You may also file an anonymous complaint by contacting our Corporate ComplianceLine by dialing 1-To Notify Us (1-866-684-3987).



Bayfront Health System  
701 Sixth Street South St. Petersburg, FL 33701-4891  
(727) 823-1234 [www.bayfront.org](http://www.bayfront.org)



## Bayfront Health System NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR  
MEDICAL INFORMATION MAY BE USED  
AND DISCLOSED AND YOUR RIGHTS  
TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.



[www.bayfront.org](http://www.bayfront.org)

This Notice applies to all Bayfront Health System (BHS) entities, including Bayfront Same Day Surgery Center, LLC, Bayfront Medical Center, Bayfront Convenient Care Clinics and Bayfront Home Health Care, LLC. This Notice also applies to the physicians who provide you with healthcare services at those sites. This Notice does not apply to the care received from physicians at their offices or other locations than the sites described above. Your physician may have his or her own policies and procedures regarding your health information. You should review your physician's notice for information on how your physician will handle your health information outside of our sites. References to "we", "us", or "our" throughout this Notice mean the entities described above.

We are committed to protecting the confidentiality of your health information. We use, disclose and also share among us your health information as necessary for your treatment, to obtain payment for treatment, for our operational purposes, including administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Bayfront Health System.

## How We May Use and Disclose Your Health Information

**For Treatment.** We may use and disclose your health information to provide you with medical treatment or services. For example, a healthcare provider, such as a physician, nurse, or other person providing health services to you, will record information in your medical record that is related to your treatment. This information is necessary for healthcare providers to determine what treatment you should receive. Healthcare providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

**For Payment.** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive, or as necessary for other providers or entities to obtain or provide payment for your treatment. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Healthcare Operations.** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the healthcare we provide.

In addition, we may disclose your health information to other healthcare providers or entities for their operational purposes under limited circumstances and only if they have had a relationship with you to which your information pertains.

**Facility Directory.** Unless you notify us in writing that you object, we will include certain limited information about you in the facility directory while you are a patient at our facility. This information may include your name, location in the facility, your general condition (e.g., fair, critical, 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 or generally know how you are doing.

**Appointments.** We may use your information to provide appointment reminders or health information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Required By Law.** We may use and disclose your health information as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement personnel in their law enforcement duties.

**Public Health.** Your health information may be used and disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Decedents.** Your health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation.** If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

**Research.** We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Patient Education.** We may use your information to contact you about treatment options and other health-related topics. These include disease-management programs.

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

**Fundraising Efforts.** We may use and disclose your name, address, and dates that you received treatment for Bayfront Health Foundation-supported fundraising efforts. Matters addressed to you will provide steps to take if you do not wish to receive future communications.

**Government Functions.** Your health information may be disclosed to specialized governmental functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**Workers Compensation.** Your health information may be used and disclosed in order to comply with laws and regulation related to Workers Compensation.

**Individuals Involved in Your Care or Payment for Your Care.** We may release 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 in the hospital. 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.

**Military and Veterans.** If you are a member of the armed forces, we may release information about you as

required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

## Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, we are not required to agree to a requested restriction;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- Amend your health record as provided for in 45 CFR §164.526;
- Request that communications about your health information be made by alternative means or to an alternative location.
- Revoke your authorization to use and disclose health information except to the extent that action has already been taken; and
- Receive an accounting of disclosures made of your health information as provided by 45 CFR §164.528.

To exercise these rights, contact our Privacy Officer at the address on the back panel of this Notice.

We will not require you to waive the above-mentioned rights in order to receive treatment.

