



NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS SUCH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you receive care or treatment at a hospital or other healthcare facility, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment information, a plan for future care or treatment, identifying information and billing-related information, as recorded by hospital staff, your attending physician(s) and other healthcare providers. This Notice is provided to inform you regarding (i) how Baptist Health and its subsidiary healthcare provider entities, a list of which is available as indicated at the end of this Notice (collectively, "BH"), may use or disclose medical information about you, (ii) with whom medical information about you may be shared, (iii) the safeguards BH has in place to protect medical information about you and (iv) your rights to access and amend medical information about you. For purposes of this Notice, "medical information about you" includes 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 that may be subject to additional confidentiality protections under applicable state and federal law.

BH 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). Independent healthcare providers rendering care or treatment to you at BH, such as independent physicians practicing at BH hospitals, will also abide by the terms of this Notice (or the version currently in effect) with respect to medical information about you concerning care or treatment rendered to you at BH. Accordingly, such independent providers may use and disclose medical information about you concerning care or treatment rendered to you at BH for similar purposes (e.g., their own payment activities) and to the same extent as BH may under the terms of this Notice. Such independent providers may, however, have different policies or notices regarding their use and disclosure of medical information maintained by them concerning care or treatment rendered to you outside of BH. Please note that such independent providers are neither employees nor agents of BH, but are joined under this Notice for the convenience of explaining to you your rights relating to the privacy of medical information about you concerning care or treatment rendered to you at BH.

BH reserves the right to change this Notice in the future. Its effective date is noted at the top of this page. BH 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 BH website at www.baptistjax.com, contacting the BH Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next visit to BH. You will be asked to provide a signed acknowledgment of receipt of this Notice. Since BH'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, BH 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: BH may use medical information about you, as needed, to provide treatment or services to you. BH may disclose medical information about you to, and obtain your medical information from, doctors, nurses, technicians, medical students or other individuals, who are involved in taking care of you. For example, a doctor treating you at another hospital for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Medical information about you may also be shared between various BH facilities and departments in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

BH may also disclose information about you for coordination or management of your health care with a third party, such as to your other healthcare providers, your health plan and Baptist Physician Partners (BH's clinically-integrated network, which may assist BH or your health plan with your care management and coordination). For example, BH may provide your physician or a subsequent healthcare provider with medical information about you (e.g., copies of various reports) that should assist him or her in treating you in the future. A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process or your health plan may need information from all of your

providers in order to offer you appropriate care coordination services (e.g., dietary and exercise suggestions if you're at risk of developing diabetes). BH may also disclose medical information about you to, and obtain your medical information from, health information exchanges in which you participate or for which you qualify for the purpose of its and the other participating providers' treatment, payment and healthcare operations. Health information exchanges (commonly referred to as HIEs) are electronic health information networks in which community healthcare providers (such as BH) may participate to facilitate the provision of care to patients (such as yourself). Information contained in HIEs may also be analyzed by the participating healthcare providers to improve their respective healthcare operations. If you do not want information about you to be shared via HIEs, you can opt out at <https://www.baptistjax.com/about-us/privacy-policy> or by calling us at (904) 202-1347. If you opt out, your health care providers may still seek and obtain information about you in another manner permitted by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") instead of accessing such information through an HIE. BH may also obtain medical information about you from (and report medical information about you to) applicable industry-recognized patient data registries and repositories for treatment-related purposes (e.g., to prescription registries in order to clarify your medication history and reduce potential drug interactions). BH may also obtain information about you from, or transmit information about you through, electronic equipment and systems, such as medical devices used in your care, video cameras/monitors on BH premises, BH's computer systems and any other applicable technology.

For Payment: BH 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, BH may need to give your insurance company information about your surgery so that it will pay BH or reimburse you for treatment provided by BH in connection with such surgery, or BH may need to give your surgeon information about you so that he or she can bill your insurance company for his or her professional services in connection with such surgery. BH may also tell your health plan about treatment you are going to receive to determine whether your plan will cover the cost of it. BH may also use and disclose medical information about you, as needed, to obtain reimbursement from any other entity or program for services or products provided to you by BH. For example, if BH provides a dose of medication to you, and such medication (which is not reimbursed by you or your insurance company) qualifies under a pharmaceutical manufacturer's "drug replacement program," then BH may disclose information about your care to such pharmaceutical manufacturer to the extent necessary to obtain a free or discounted replacement dose of such medication.

For Healthcare Operations: BH may use and disclose medical information about you, as needed, to support the daily activities related to its healthcare services and the healthcare operations of your health plan and your other healthcare providers. These activities include, but are not limited to, quality assessment activities; investigations; oversight of staff performance; healthcare education; licensing; fundraising; communications about a product or service, patient satisfaction surveys and focus groups, and conducting or arranging for other healthcare-related activities. For example, BH may disclose medical information about you to medical school students observing patients at BH, may call you by name in a waiting room when the physician or other provider is ready to see you, and may use or disclose medical information about you, as necessary, to contact you to remind you of an appointment. In addition, BH may permit various observers to accompany its staff or independent physicians as they provide care to you and other patients at the above-referenced hospitals. For example, BH may permit various federal, state and local officials or candidates for public office to accompany your physician in the hospital, in order to promote awareness regarding issues facing healthcare providers, such as overcrowding, nurse shortages or the need for additional government funding. BH may also disclose information to your health plan for your health plan's coordination or management of your health care.

BH may share medical information about you, as needed, with independent "business associates" who perform various activities (for example, billing services, medical transcription, quality surveys and data de-identification) for BH, independent physicians practicing at the above-referenced hospitals or other providers of healthcare services to you. BH's business associates will also be required to protect any medical information BH provides about you. BH 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 BH and the services it offers or to send you information about products or services that BH believes might benefit you.

BH may use limited non-medical information about you (name, address, telephone number, dates of service, age and gender) to contact you in the future to inform you regarding philanthropic opportunities. BH may also disclose such limited information to the Baptist Health System Foundation for the same fundraising purposes. Money raised through such efforts is used to expand and improve the services and programs BH provides to the various Northeast Florida communities BH serves. **If you do not wish your information to be shared for these purposes, please contact the BH Privacy Office as set forth at the end of this Notice.**

BH may use and disclose in its inpatient directory your name, the location at which you are receiving care, your condition (in

general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation. BH 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. BH may also disclose information to someone who helps pay for your care. BH 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. BH 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.

BH may use health information about you to create de-identified information. De-identified information is health information that has gone through a thorough, HIPAA-compliant process of removing identifiers such as name, social security number, date of birth, address, zip code, etc., so that such information is not identified with you as an individual. Once health information is de-identified in compliance with HIPAA, we may use or disclose it for various purposes, such as research or development of new healthcare technologies, and the de-identified information will no longer be subject to this notice, or your rights described herein.

As Permitted or Required by Law: BH may use or disclose medical information about you to the extent permitted or required by applicable law, including but not limited to:

For Public Health: BH 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 reactions to medications or problems with products; or
- Notify the appropriate government authority if BH believes a patient has been the victim of abuse, neglect, or domestic violence.

Regarding Communicable Disease: BH 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: BH 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. BH may disclose medical information about you to (and obtain medical information about you from) state and federal government databases (e.g., E-FORCSE[®], Florida's Prescription Drug Monitoring Program).

For Product Tracking: BH 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: BH 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: BH 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 BH; or
- Medical emergencies believed to result from criminal conduct.

To Coroners, Funeral Directors and Organ Procurement Organizations: BH may, if applicable, 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. BH 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: BH may use medical information about you or disclose medical information about you to researchers when authorized by law. For example, BH 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: BH 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. BH may disclose medical information about you if it is necessary for law enforcement authorities to identify or apprehend an individual. BH may also disclose medical information about you to authorized federal officials for conducting national security and intelligence activities.

Regarding Workers' Compensation: BH 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, BH may use or disclose medical information about you to such facility.

Other Uses: Uses and disclosures of your health information not covered by the Notice or otherwise permitted by applicable federal or state laws will be made only with your written authorization. In addition, BH must have your authorization to release psychotherapy notes, to release your information for third-party marketing purposes or to sell your protected health information for any purpose. If you authorize BH to use or disclose your health information, you may revoke that permission, in writing, at any time by contacting Health Information Management at the hospital you visited or at your physician or other healthcare provider's office.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy: For as long as BH maintains medical information about you, you may inspect and obtain (for a reasonable, cost-based fee) a copy of medical information about you contained in certain medical and billing records maintained by BH. 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. You may also access part of your medical record through BH's patient portal. By choosing to access the patient portal (or by allowing your child to access it), you are agreeing on behalf of yourself (and/or your child) to be bound by the terms and conditions (or terms of use) of the patient portal.

Right to Request Restrictions: You may ask BH 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 BH Privacy Officer. In your request, you must specifically state (i) what information you want restricted; (ii) whether you want to restrict BH'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 BH believes that the restriction is not in the best interest of either party, or BH cannot reasonably accommodate your request, BH is not required to agree. If the restriction is agreed to by BH, BH 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. Contact Health Information Management at the hospital you visited or the office manager at your physician or other healthcare provider's office to request a restriction.

Right to Restrict Certain Health Information: You may ask BH not to disclose information about you for payment purposes if: (i) the restriction is not otherwise prohibited by law, (ii) the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, (iii) the information pertains solely to a service or healthcare item for which you paid out of pocket in full, and (iv) you made the request in writing prior to the information being released. Contact Patient Financial Services at 904.202.2092 or the office manager at your physician or other healthcare provider's office to exercise this right.

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

and will accommodate reasonable requests, when possible. If you request communication via unencrypted e-mail, please be aware that receiving or forwarding unencrypted e-mail could make that communication vulnerable to third party interference.

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

Right to an Accounting of Certain Disclosures: You may request that BH 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 BH 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 BH or view it electronically via the BH website at www.baptistjax.com.

PRIVACY LAWS

This Notice is provided to you as a requirement of the rules created under 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, BH has taken such laws into consideration in developing its privacy policies and this Notice.

COMPLAINTS

If you believe BH has failed to comply with this Notice or that BH has violated these privacy rights, you may file a written complaint with the BH Privacy Officer (and if your complaint involves a non-BH provider governed by this Notice, the BH Privacy Officer will forward your request to such provider's Privacy Officer) or the Department of Health and Human Services. BH will not retaliate against you for filing a complaint. If BH determines that your privacy rights have been violated, you will be notified by the BH Privacy Officer (or his designee).

CONTACT INFORMATION

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

Baptist Health Privacy Officer
841 Prudential Drive, Suite 1802
Jacksonville, Florida 32207
904.202.5621 *telephone*
904.202.HIPA (4472) *telephone (anonymous reporting)*
833.410.2112 *toll free*
904.202.5631 *facsimile*

To contact Health Information Management at any BH hospital, call 904.202.2000, then ask for HIM at the location you visited.

COVERED ENTITIES

All BH subsidiary healthcare providers are covered by this Notice and a list of such providers may be requested from your provider or may be found at <https://www.baptistjax.com/about-us/privacy-policy>.