

# ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES AND COMPLIANCE WITH HIPAA STANDARDS

## Notice to Patient

We are required to provide you with a copy of our Notice of Privacy Practices (pages 2 and 3), which states how we may use and/or disclose your health information. Your signature on this form is to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement if you wish.

I authorize **The Villages Health** to leave medical information pertaining to my care by the following methods:

<b>Home Telephone</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> OK to leave voice mail?	<b>SMS/Text</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Work Telephone</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> OK to leave voice mail?	<b>E-mail</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Cell Phone</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> OK to leave voice mail?			

I authorize **The Villages Health**, and hospitals where I may be a patient, to leave medical information pertaining to my care with the following people:

<b>Spouse</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	( )	_____	_____
			PRINT SPOUSE'S NAME		SPOUSE'S PHONE NUMBER	SPOUSE'S DOB
<b>Other</b>			_____	( )	_____	_____
			PRINT NAME	RELATIONSHIP TO PATIENT	PHONE NUMBER	DOB
<b>Other</b>			_____	( )	_____	_____
			PRINT NAME	RELATIONSHIP TO PATIENT	PHONE NUMBER	DOB
<b>Other</b>			_____	( )	_____	_____
			PRINT NAME	RELATIONSHIP TO PATIENT	PHONE NUMBER	DOB

I acknowledge that I have been offered and/or received a copy of this office's Notice of Privacy Practices. I understand that at the discretion of The Villages Health I may be asked to update this information periodically.

 **Patient's Signature** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

 **Guardian/Power of Attorney Signature** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this Patient. It could not be obtained because:

The Patient refused to sign.     Due to an emergency situation it was not possible.     We could not communicate with the Patient.

Other. Explain \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S PRINTED NAME                      EMPLOYEE SIGNATURE                      DATE

# The Villages Health

## 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.

At The Villages Health, we are committed to handling and using your protected health information with care. This Notice of Privacy Practices (“Notice”) describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information (“PHI”). This Notice is effective August 2019.

### Understanding Your Health Record/Information

A record of your visit is made each time you visit The Villages Health. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

Although your health record is the physical property of The Villages Health, the information belongs to you.

You have the right to:

- Obtain a paper copy of this Notice
- Inspect and copy your health record, or request that we share it with a third party
- Request an amendment to your health record
- Obtain an accounting of certain disclosures of your health information

- Request communications of your health information by alternative means or at alternative locations
- Request a restriction of PHI regarding care and services you pay for out-of-pocket (in writing)
- Request a copy of your health record in an electronic format if applicable
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information, except to the extent that action has already been taken
- Be notified of a breach of your PHI

### Our Responsibilities

The Villages Health System is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice as currently in effect
- Notify you following a breach of your unsecured PHI
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change this Notice and to make the new Notice effective for all PHI we maintain. We will not use or disclose your health information without your authorization, except as described in this Notice. The current version of this Notice in effect will be posted on our website and at our office. You may also contact the Privacy Officer for a copy.

### Required Authorization

We will not disclose your health information without your authorization except as provided for in this Notice or provided by law. Additionally, we will require your written authorization for the following disclosures:

- Disclosing of psychotherapy notes
- Use of PHI in marketing
- Sales of PHI

You have the right to revoke your authorization by submitting your revocation in writing to the practice where you signed your authorization or to our Privacy Officer. However, your revocation does not apply to actions already taken based on your authorization or disclosures already made.

### Examples of Disclosures for Treatment, Payment and Health Operations (TPO)

*We will use your health information for treatment.*

For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will

know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

*We will use your health information for payment.*

For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used or other information as needed for payment purposes.

*We will use your health information for regular health operations.*

For example, members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

### **Business Associates**

There are some services provided to our organization through contracts with Business Associates. Examples include an Electronic Medical Record (EMR) system, billing company, or legal services. When these services are contracted, we may disclose your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, we require the Business Associate to agree to safeguard your information.

### **Notification**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care. If your information is used for such notification, it would typically be limited to your name, general condition, and location.

### **Communication from Offices**

We may call your home or other designated location and leave a message on voice mail or in person in reference to any items that assist the Practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail to your home or other designated location any items that assist the Practice in carrying out TPO, such as appointment reminder cards and patient statements. If you choose to provide an email account to us or communicate with us via email, we will reply to you via email or communicate other information needed to assist the Practice in carrying out TPO, such as appointment reminder cards and patient statements. Before using email to communicate with us, you should understand that there are certain risks associated with the use of email. It may not be secure and messages can easily be misdirected. Text messaging presents similar risks. If you choose to contact us via text messaging, we may respond to you in the same manner or choose to refrain from text messaging with you, or otherwise limit the information included if we are not able to verify your identity. Additionally, you should understand that use of email and/or other electronic communications is not intended to be a substitute for professional medical advice, diagnosis or treatment and should never be used in a medical emergency.

### **Communication with Family**

Unless you object or in the health professional's best judgment, we may disclose your health information to a family member or friend to the extent of their involvement in your care or payment related to your care.

### **Health Information Exchanges**

The Villages Health participates in one or more health information exchanges ("HIE") that allow us to share information that we obtain or create about you with other health care providers or other health care entities, for your treatment or otherwise as permitted by law. For example information about your past medical care and current medical conditions and medications can be available to us or to your other health care providers, if they participate in the same HIE. You will have the chance to opt-in to participate in the HIE before your information is shared.

### **Open Treatment Areas**

We will implement reasonable safeguards to protect your information. However, sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, some patient information may be incidentally overheard by others while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Privacy Officer or your health care provider.

### **Research**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

### **Funeral Directors**

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

### **Organ Procurement Organizations**

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

### **Marketing & Fundraising**

We may contact you to provide information about treatment alternatives or other health-related benefits and services that we provide that may be of interest to you. However, for services that are not provided by us and are not related to your treatment, or that are otherwise considered "marketing" under HIPAA, we would first obtain your authorization for this type of communication. We may also use your information for fundraising purposes. If we do contact you for fundraising activities, you will have an opportunity to opt out of such communications. If you prefer to opt-out now and not be contacted for fundraising efforts, you may submit your request to opt-out in writing to the practice where you signed your authorization, or to our Privacy Officer at the address listed at the end of this Notice.