



## 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.

Updated April 16, 2024

### OUR COMMITMENT TO YOUR PRIVACY

At The Villages Health, we are committed to handling and using your protected health information (“health information”) with care. This Notice of Privacy Practices (“Notice”) describes what information we collect, and how and when we use or disclose that information. It also describes your rights related to your health information. This Notice applies to records containing your health information that are created or retained by us, and will be followed by all health care professionals, employees, medical staff, and other individuals providing services at The Villages Health. We reserve the right to change this Notice. Any revision to this Notice will apply to all health information we maintain about you in the past and in the future. 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.

### **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 health information
- Follow the terms of this Notice that are in effect at the time

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you exercise those rights.

#### Right to Inspection and Copies

You have the right to get an electronic or paper copy of your medical record. This right does not include psychotherapy notes or health information that is not part of your designated record set. To obtain copies or request inspection of your medical information, you must submit your request in writing to the Privacy Officer, whose contact information is included at the end of this Notice.

We may charge a reasonable fee that will be in compliance with applicable law. We may deny your request in limited circumstances. If your request is denied, you may request a review of our denial.

#### Right to Request an Amendment

You can ask us to correct the health information we maintain about you if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. Please provide us with a reason for your request and identify the records you would like amended. If we agree to your request, we will notify you and amend your information. In certain circumstances, we may deny your request. If your request is denied, we will inform you in writing and explain your rights. Please note that we cannot completely delete information contained in your medical record and the change requested by you will appear as an addendum to the existing record.

#### Right to an Accounting

You may request a list (an accounting) of the times we shared your medical information for six years prior to the date of your request, who we shared it with, and why. Please note the accounting will not include disclosures made for treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. To request an accounting, submit your request in writing to the Privacy Officer.

#### Right to Request Restrictions

You can ask us not to use or share certain medical information for treatment, payment, or our operations. We are not required to agree to your request, and we may deny your request if it would affect your care. If we agree to your request, our agreement will be in writing, and we will comply with the restriction unless (i) the information is needed to provide you with emergency care or (ii) we are required or permitted by law to disclose it. If you pay in full for a service or health care item out-of-pocket, you can ask us not to share that information for the purpose of payment or operations with your health insurer. We will agree to this request unless a law requires us to share that information.

#### Right to Confidential Communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests. To request confidential communications, you must make a written request to our Privacy Officer specifying the requested method of contact for billing purposes, or the location where you wish to be contacted. You do not need to give a reason for your request.

#### Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

#### Right to a Personal Representative

If you have given someone the legal authority to exercise your rights and choices as described by this Notice, we will honor such requests once we verify their authority.

## NOTICE OF PRIVACY PRACTICES (CONT.)

### **DISCLOSURES REQUIRING 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:

- Most disclosures of psychotherapy notes
- Use of PHI in marketing
- Sale of PHI

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

### **PERMISSIBLE USES & DISCLOSURES**

We may use or share your health information in the following ways, without your prior authorization.

#### **Treatment**

We may use or disclose your health information for treatment, including management and coordination of your care. For example, health information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. We may also use your health information to inform you of potential treatment alternatives, or use or disclose your health information to coordinate your health care treatment with other health care providers. For example, a doctor treating you for a certain condition may ask another doctor about your overall health condition, and your health information may be disclosed between these doctors for your treatment.

#### **Payment**

We may use or disclose your health information to bill and collect payment for services. For example, we may disclose your health information to your health insurance plan so it will pay for your care. We may also share your health information with other health care providers to assist in their billing and collection efforts. We may use your health information to provide you with an estimate of charges that may apply to the services you receive at TVH and to communicate with you about whether or not TVH participates in your health plan as needed to help you understand what your payment obligations will be for the services we provide.

#### **Health Care Operations**

We may use and disclose your health information for healthcare operations. For example, members of the medical staff, the risk or quality improvement risk 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 will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. In some circumstances, we may also share health information with other health care providers for their health care operations, subject to any requirements under state and federal laws.

#### **Compliance with Law**

We will share your health information if state or federal laws

require it, including with the Department of Health and Human Services for the purpose of confirming our compliance with federal privacy laws.

#### **Business Associates**

There are some services provided to our organization through contracts with vendors (or "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 Associates so that they can perform the job we've asked them to do. To protect your health information, we require each the Business Associate to agree in writing to safeguard your health information.

#### **Family & Friends**

We may disclose your health information to individuals who you have chosen to involve in your medical care unless you object to such a disclosure. If you are not able or available to tell us your preference for disclosing your health information with others involved in your care, we may go ahead and share the information in emergencies or if we believe in our professional judgment that it is in your best interest. For example, we may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care. If your health information is used for such notification, it would be limited to your name, general condition, and location. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### **Disaster Relief**

Subject to any additional state law requirements, in the event of a disaster, we may disclose your medical information to organizations assisting in disaster relief efforts unless you tell us not to and that decision will not interfere with our ability to respond in emergency circumstances.

#### **Treatment Areas**

We have implemented reasonable safeguards to protect your health information when receiving treatment at our facilities. However, while special care is taken to maintain patient privacy and prevent disclosures of your health information in treatment areas where other patients may be present, 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 use or disclose your information for research purposes, but only if we first fulfill the conditions under applicable law for such use or disclosure of your health information. We will comply with any additional requirements under state laws in effect at the time, as applicable.

#### **Medical Examiners and Funeral Directors**

We may disclose health information to a coroner, medical examiner, or funeral directors consistent with applicable law to carry out their duties. We will comply with any additional and applicable requirements under state laws in effect at the time, if any.

## NOTICE OF PRIVACY PRACTICES (CONT.)

### **Organ Procurement Organizations**

Subject to applicable state 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.

### **Fundraising**

We may also use your information for fundraising purposes. If we do contact you for fundraising.

### **Food and Drug Administration (FDA)**

We may disclose health information to the FDA related to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

### **Workers' Compensation**

We may disclose health information to the extent authorized by and to the extent necessary to comply with state laws relating to workers compensation or other similar programs established by law.

### **Public Health**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

### **Law Enforcement and Other Government Requests**

We may disclose health information for law enforcement purposes or with law enforcement officials when permitted by law. We may also share health information with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

### **Court Orders and Subpoenas**

We can share your health information in response to a court or administrative order, or in response to a subpoena. We will comply with applicable laws in effect at the time when making such disclosures.

### **Public Health & Safety**

Subject to certain conditions, we can share your health information for the following purposes:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions
- Reporting suspected abuse or neglect
- Preventing or reducing a serious threat to health or safety

### **Health Information Exchanges**

The Villages Health participates in one or more health information exchanges ("HIE"). HIEs that allow health care providers and business associates acting on their behalf to share health information about patients with other health care providers or other healthcare entities, for treatment purposes or as 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 (or their business associates acting on their behalf) participate in the same HIE.

You will have the chance to opt-in to participate in the HIE before your information is shared. If you have agreed to participate in a HIE and would like to revoke your consent or opt-out of participation, you may do so by notifying the Privacy Officer, whose contact information is included at the bottom of this Notice.

## COMMUNICATIONS

### **Communication from Offices**

We may call your home or cell phone number provided by you and leave a message on voice mail or in person in reference to items that assist us in providing services to you and coordinating your care, such as appointment reminders, insurance and billing, and other calls pertaining to your clinical care.

### **Risks Related to Unsecured Electronic Communications**

Using any unsecured electronic communication (such as regular email or standard text messaging) to communicate with us can present risks to the security of your health information. These risks include possible interception of the information by unauthorized parties, misdirected emails, shared accounts, message forwarding, or storage of the information on unsecured platforms and/or devices. We do not recommend communicating with us via unsecured email, text messages, or any other unsecured electronic means. We offer patients other and more secure means for communicating about health information with The Villages Health and its providers. By choosing to communicate with us via unsecured electronic communication platforms, you are acknowledging and accepting these risks involved and understand that you are responsible for any charges applied by your telecommunications carrier. If you choose to contact us via text messaging or standard email, 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, text messaging, and/or any other form of 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.

### **Questions and Concerns**

If you have questions and would like additional information, you may contact the Practice's Privacy Officer at (352) 674-6060. If you believe that your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please send any complaint to The Villages Health Privacy Officer at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized for filing a complaint.**

The Villages Health  
Attention: Privacy Officer  
1020 Lake Sumter Landing  
The Villages, FL 32162  
Telephone: (352) 674-6060

Email: tvhprivacy.officer@thevillageshealth.com