Joint Notice of Privacy Practices  
And  
Notice of Organized Health Care Arrangement

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

If you have any questions about this notice, please contact:  
TGH Privacy Office  
P.O. Box 1289  
Tampa, FL 33601  
Telephone: 813-844-4813

Organized Healthcare Arrangement  
Florida Health Sciences Center, Inc. dba Tampa General Hospital (TGH), the University of South Florida (USF), and all of the entities set forth in Exhibit A (hereafter referred to as "we" or "us") have agreed to abide by the terms of this notice with respect to protected health information (PHI) as part of our participation in an organized healthcare arrangement (OCHA).

We will share PHI with each other as necessary to carry out treatment, payment, or health care operations relating to the OCHA, and as otherwise permitted by applicable law. We will also share PHI as needed to carry out treatment, payment, or health care delivery.

This notice applies to all of our service delivery sites and related support sites that use the shared electronic medical record.  This notice applies to all of our service delivery sites and related support sites that use the shared electronic medical record.

Nothing in this notice is intended to suggest that any of us is the agent of any other of us, or that any of us is liable for the acts or omissions of any other of us.

Who Will Follow This Notice  
As to TGH, this notice describes TGH’s practices and those of:  
• Any health care professional authorized to enter information into or access information from your TGH medical record (e.g. physicians and nursing staff)  
• All departments and units of TGH  
• All departments and units of the free standing facilities affiliated with TGH (e.g., free standing clinics, diagnostic centers, and third party sites),  
• All employees, staff, and other hospital personnel  

As to USF, this notice describes the practices of the following HIPAA covered health care components (Components):  
• The USF Health Morsani College of Medicine and its constituent schools and educational programs (including the USF School of Physical Therapy and Rehabilitation Sciences)  
• The USF College of Pharmacy  
• The USF College of Nursing  
• Johnnie B. Byrd, Sr. Alzheimer’s Center and Research Institute  
• The USF College of Behavior Sciences, Department of Communication Sciences and Speech Disorders  
• The USF Medical School Support Corporation  
• The USF Medical Service Association, Inc.  

and  
• The USF administrative and operational units that support the Components  
• Other physicians, other healthcare providers, employees, trainees, students, volunteers and other workforce members and personnel of the Components

As to all of us except TGH and USF, this notice describes our practices, and the practices of all of our employees, staff and other personnel.

Our Pledge Regarding Health Information

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care we provide to you and may combine information for all of our employees, staff and other personnel. We create and maintain records containing health information about you. We may use this health information without your consent or additional authorization. We share this information for uses and disclosures permitted by law. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery.

Business Associates: We may use or disclose your PHI to an outside company that assists us in operating our healthcare system. They may perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us in the same way we did. These companies may create or receive PHI on our behalf.

Communication with Family Members and Friends: If you are incapacitated and unable to make decisions about you, or your ability to consent is in question, and you have not designated a person to make decisions for you, we may disclose limited health information about you to the person you have designated as your proxy. We may make the disclosure to the person you have designated as your proxy, to another individual you identify as a person who is involved in your care, or to an individual who is authorized to make decisions on your behalf.

We may share health information with our friends and family. We also may share it with another individual you identify as a person who is involved in your care, or to an individual who is authorized to make decisions on your behalf.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law.

To Avert Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

Special Situations

Organ and Tissue Donations: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue donation. We also may release health information to a tissue bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation: We may release health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks: We may disclose health information about you for public health activities. These activities generally include the following:  
• To prevent or control disease; injury or disability  
• To report births and deaths  
• To report child abuse or neglect  
• To report reactions to medications or problems with products  
• To report births and deaths as a result of a disease or may be at risk for contracting or spreading a disease or condition  
• To notify your employer of a worksite-related illness or injury, if the health care provider was required to make the request and the employer is required to record the information

Abuse or Neglect: If you agree or when we are authorized by law to use or disclose your PHI for treatment or payment, we may use or disclose your PHI as necessary to prevent or stop a serious threat to your safety or the safety of others. We may use or disclose your PHI to dispose of the human remains of a deceased person. This may occur if you are an organ donor, and we may release health information to a transplantation bank, as necessary to facilitate organ or tissue donation.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These activities generally include:  
• Audits, evaluations, inspections, and licensure  
• Monitoring the health system, governmental programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:  
• In response to a court order, subpoena, warrant, summons or similar process  
• In response to reports of abuse, neglect, or domestic violence. Additional duties are required if we believe you have been a victim of abuse, neglect, or domestic violence, we may release your protected health information to a governmental entity authorized to conduct an investigation to verify the abuse or neglect.

Please see our website:  
https://www.tampahealth.org

The USF administrative and operational units that support the Components, which include, but are not limited to:  
• The USF College of Medicine, Department of Communication Sciences and Speech Disorders  
• The USF College of Pharmacy  
• The USF College of Nursing  
• Johnnie B. Byrd, Sr. Alzheimer’s Center and Research Institute  
• The USF College of Behavior Sciences, Department of Communication Sciences and Speech Disorders  
• The USF Medical School Support Corporation  
• The USF Medical Service Association, Inc.  

and  
• The USF administrative and operational units that support the Components  
• Other physicians, other healthcare providers, employees, trainees, students, volunteers and other workforce members and personnel of the Components

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Coroners, Medical Examiners and Funeral Directors: We may release health information about a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counter-terrorism and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional official. This release of information may be necessary (1) to provide you with health care, (2) to protect your health and the health and safety of others; or (3) for the safety and security of the correctional institution.

Shared Medical Record/Health Information Exchanges: We maintain PHI about our patients in shared electronic medical records that allow us to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other healthcare providers who provide care for you. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange with us, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

Other Uses and Disclosures of PHI

Most uses and disclosures of PHI for marketing purposes, including subsidized marketing information, uses and disclosures to help with death notification (such as abuse or neglect of a child, elderly person, or disabled adult), genetic testing, HIV/AIDS testing, diagnosis, or treatment, intravenous fertilization, mental health, developmental disabilities, sexually transmitted diseases, or sexual assault), and disclosures that constitute the sale of PHI, require your written authorization.

Psychotherapy notes (your mental health provider’s written notes) will be disclosed only with your written permission and the consent of your mental health provider.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Receive a Copy: You have the right to inspect and receive a copy of health information that may be used to make decisions about your care. To inspect and obtain a copy of health information that may be used to make decisions about your care, you must make your request in writing to:

For TGH: TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa, FL 33601, (813) 974-2201.

For USF: USFPG Clinical Operations Information Management, Attn: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

For entities other than TGH or USF: The office you visited.

You may inspect and receive a copy in certain very limited circumstances. If you are denied

Right to Request Confidential Communications: You have the right to request confidential communications with us about medical matters in a certain very limited circumstances. For example, you can ask that we only contact you at work. To request confidential communications, you must make your request in writing to:

For TGH: TGH Admitting Dept, Manager, P.O. Box 1289, Tampa, FL 33601, (813) 974-2201.


For entities other than TGH or USF: The office you visited.

Right to Be Notified of a Breach: You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of unsecured protected health information.

Right to Access to Your Own Health Information: Except for certain limited circumstances, you have the right to inspect and obtain a copy of your protected health information as long as we maintain it. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee to create the summary. If you have any questions or requests, please contact:

For TGH: TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa, FL 33601, (813) 974-2201.

For USF: USFPG Clinical Operations Information Management, Attn: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

For entities other than TGH or USF, the office you visited.

You have the right to request that we limit the ways we use and disclose your health information.

Right to Request a Restric