

# HIPAA 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.

**Medical examiners:** We may also release minimally necessary medical information about you to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**National security and intelligence activities:** We may release minimally necessary medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Your rights regarding medical information about you:** You have the following rights regarding medical information we maintain about you:

**Right to inspect and copy:** You have the right to inspect and receive a copy of medical information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records as well as any other records we use for making medical decisions about you, but does not include psychotherapy notes.

To inspect and receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Services Department at 1210 S. Old Dixie Highway, Jupiter, FL 33458. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing, and any other supplies associated with your request.

Individuals have a right to access their e-health record in an electronic format and to direct us to provide the e-health record to a third party. We may charge for labor costs of electronic transfer of e-health records.

**Right to amend:** If you feel that any of the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility.

To request an amendment, your request must be made in writing and submitted in writing to the Health Information Management Services Department at 1210 S. Old Dixie Highway, Jupiter, FL 33458. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by our facility;
- is not part of the medical information kept by our facility;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an accounting of disclosures:** You have the right to request an "accounting of disclosures". This is a list of the disclosures we have made of your medical information

To request this accounting of disclosures, you must submit your

request in writing to the Health Information Management Services Department at 1210 S. Old Dixie Highway, Jupiter, FL 33458. Your request must state a time period, which may not be longer than six years. The first accounting you request within a twelve-month period will not include a cost for providing the disclosure list.

For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to request confidential communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Health Information Management Services Department at 1210 S. Old Dixie Highway, Jupiter, FL 33458. We will not ask you the reason for your request. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Breach notification:** You have the right to be notified upon a breach of your unsecured Protected Health Information.

**Right to request restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. Finally, you have the right to request a restriction on the people who are able to obtain the information we disclose. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction or limitation, your request must be made in writing to the Health Information Management Services Department at 1210 S. Old Dixie Highway, Jupiter, FL 33458.

**Right to a copy of this notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time from registration. At any later date, to request a copy of this notice, you may make your request in writing to the Privacy Officer at 1210 S. Old Dixie Highway, Jupiter, FL 33458.

Effective August 8, 2022



and Affiliated Entities

1210 S. Old Dixie Hwy., Jupiter, FL 33458  
561-263-2234 | [jupitermed.com](http://jupitermed.com)

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**Who will follow this notice:** This notice describes our facilities' practices and that of any programs associated with Jupiter Medical Center, Inc.

**Our pledge regarding medical information:** We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

- We are required by law to:
- Maintain the privacy of Protected Health Information
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical health, mental health or condition and related health care services.

**Changes to this notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility in key locations and on our Internet site [jupitermed.com](http://jupitermed.com). In addition, each time you are in our facility for treatment we will offer you a copy of the current notice in effect.

**Complaints:** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our facility or directly to the United States Department of Health and Human Services: Office for Civil Rights 200 Independence Avenue, S.W. Washington D.C. 20201. Toll Free: (877) 696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

To file a complaint with our facility, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send to our Privacy Officer at 1210 S. Old Dixie Highway, Jupiter FL 33458.

## How we may use and disclosure your medical information:

**For treatment:** We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may also disclose your health information to other providers who may be treating you. Additionally we may from time to time disclose your health information to another provider who has been requested to be involved in your care. We may disclose medical information about you to people outside the facility who may be involved in your medical care or others we use to provide services that are part of your care. When required to, we will obtain your authorization before disclosing any of your information. Only the minimally necessary information will be revealed during any disclosures. We may also provide a subsequent healthcare provider with copies of your records to assist him or her in your treatment once you are discharged from this facility.

**Communication with family:** We may disclose to a family member, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. In an emergency or when you are not capable of agreeing or objecting, we will disclose your protected health information as we determine in our best judgment it is in your best interest to do so. After the emergency, you will be notified of the disclosure and given the opportunity to object to further disclosures to family and friends.

**For health care operations:** We may use medical information about you to support our quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers with information about treatment alternatives, and related functions that do not include treatment.

We may use your medical information to review the competence or qualifications of health care professionals, evaluating practitioner and provider performance, and health plan performance. We may disclose information to physicians, nurses, students and non-healthcare professionals for educational purposes. We may disclose your information for accreditation, certification, licensing, or credentialing activities.

We may use your medical information to conduct or arrange health care review, legal services, and auditing functions, including fraud and abuse detection and compliance programs, underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits.

We may use your medical information for business planning and development, such as cost-management and planning related analyses related to managing and operating the facility, including formulary development and administration, development of improvement methods of payment or coverage policies, business management and general administrative activities of the facility. We may remove information that identifies you from any of these sets of health information to protect your privacy.

**For payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

If you have paid for your services in full out-of-pocket, you may demand that the information regarding the service not be disclosed to a third-party payer since no claim is being made for payment.

**Business associates:** There are some services provided in our organization through contracts with business associates. We may disclose your protected health information to our business associates so they can perform the services we have asked them to provide. To protect your privacy, we require the business associate to appropriately safeguard your information in accordance with law.

**Appointment reminders:** We may also use and disclose medical information to contact you as a reminder that you have an appointment or missed an appointment for treatment in order to reschedule the appointment.

**Treatment aftercare:** We may use and disclose medical information to assess your satisfaction with our services, to tell you about or recommend possible treatment aftercare options that will benefit you, and to tell you about health related benefits or services that we offer.

**Research:** We may use and disclose minimally necessary medical information about you for research purposes provided an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information. All research projects are subject to a special approval process through the Jupiter Medical Center Institutional Review Board.

**Fundraising:** We may use certain demographic information to contact you in the future to raise money for our organization. We may also provide this information to our institutionally related foundation or business associate, for the same purpose. The money raised will be used to expand and improve the services and programs we provide the community. If you do not wish to be contacted as part of our fundraising efforts, please contact our Privacy Officer. Additionally, any written fundraising communications from Jupiter Medical Center Foundation or business associates must state, clearly and conspicuously, your opportunity and the manner in which you may elect not to receive further communications.

**As required by law:** We will disclose minimally necessary medical information about you when required to do so by federal, state or local law.

**To avert a serious threat to health or safety:** We may use and disclose minimally necessary medical information about you to authorities permitted to collect or receive the information for the purpose of controlling disease, injury or disability, or to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Worker's compensation:** We may release minimally necessary medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness. State and/or federal law control the release of such information.

**Public health risks:** We may disclose minimally necessary medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect by making a telephone report to the Child Abuse Hotline and to follow this report with a written confirmation;
- To report reaction to medication or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- To notify the appropriate government authority if we believe a client has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health oversight activities:** We may disclose minimally necessary medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and disputes:** If you are involved in a lawsuit or a dispute, we may disclose minimally necessary medical information about you in response to a proper court order 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 requested.

**Law enforcement:** We may release minimally necessary medical information about you if asked to do so by a law enforcement official:

- In response to a proper court order or similar process;
- In response to a subpoena for a member of the Jupiter Medical Center staff;
- About criminal conduct involving our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of person who committed the crime if the crime is on our premises or against our personnel.

**Correctional institution:** We may disclose your protected health information to a correctional institution or law enforcement official only if you are an inmate of that correctional institution or under custody of the law enforcement official. This information would be necessary for the institution to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional institution.