



Notice of Privacy Practices – Empath Health

Empath Health offers a variety of programs in its continuum of care. This Notice of Privacy Practices applies to all of its programs including, but not limited to, Empath Partners in Care (EPIC), Suncoast Hospice, Empath Home Health, Empath Community Health, Empath Pharmaceuticals and Suncoast PACE.

Use and Disclosure of Health Information

Empath Health may use your health information, including photographs, for purposes of providing you **treatment**, obtaining **payment** for your care and conducting health care **operations**. We may share your health information for these purposes verbally, in paper format, electronically, or via other standard means. Empath Health has established policies to reasonably protect your health information as defined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules when using and disclosing your health information.

To Provide Treatment

Empath Health may use your health information to coordinate treatment with others involved in your care, such as your physician, members of the care team and other health care professionals who assist in providing care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Empath Health also may disclose your health care information to individuals outside the organization who are involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment

We may use and disclose your health information to obtain payment for services we provide to you, unless you request that we restrict such disclosures to your health plan when you have paid out-of-pocket and in full for services rendered.

To Conduct Health Care Operations

Empath Health may use and disclose health information for its own operations in order to facilitate its function and as necessary to provide quality care to all. For example, Empath Health may use or disclose your health information to perform quality assessment activities or evaluate the performance of its staff.



Your Authorization

In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

If you are in a Suncoast Hospice inpatient or residential facility, Empath Health may disclose certain information about you in a directory, including your name, your general health status, your religious affiliation and your location while you are in the facility. Empath Health may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

Persons Involved In Care

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or your death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your health care.

For Fundraising Activities

Empath Health may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for Empath Health. Empath Health may also release this information to the related Suncoast Hospice Foundation.

If you do not want Empath Health to contact you or your family, notify the Empath Health Privacy Officer, 5771 Roosevelt Blvd., Clearwater Florida. (727) 586-4432.

For Appointment Reminders

Empath Health may use and disclose your health information to contact you as a reminder that you have an appointment for a visit.

For Treatment Alternatives

Empath Health may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.



Business Associates

Empath Health provides some services by using outside vendors (business associates). Empath Health may share your information with them so that they can perform as Empath Health has asked them to do. To protect your information, Empath Health requires the business associate to contractually agree to appropriately safeguard your information.

When Legally Required

Empath Health will disclose your health information when it is required to do so by any Federal, State or local law.

When There are Risks to Public Health

Empath Health may disclose your health information for public activities and purposes like reporting vital events such as birth or death, tracking medical devices or reporting communicable diseases.

To Report Abuse, Neglect or Domestic Violence

Empath Health is allowed to notify government authorities if it believes a patient is the victim of abuse, neglect or domestic violence. Empath Health will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities

Empath Health may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Empath Health, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings

Empath Health may disclose your health information in the course of any judicial or administrative proceeding, in response to court or administrative order or in response to a subpoena, discovery request or other lawful process, but only when Empath Health makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes

As permitted or required by State law, Empath Health may disclose your health information to a law enforcement official for certain law enforcement purposes such as to report



- Certain types of wounds, or
- To help identify or locate a suspect, fugitive, material witness or missing person, to report a crime; or
- If there is a suspicion that your death was the result of criminal conduct.

To Coroners and Medical Examiners

Empath Health may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors

Empath Health may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. Empath Health may disclose your health information to funeral directors prior to and in reasonable anticipation of your death, if deemed necessary to fulfill their duties.

For Organ, Eye or Tissue Donation

In the event you have chosen to be a donor, Empath Health may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes

Empath Health may, under very select circumstances, use your health information for research. Before Empath Health discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health or Safety

Empath Health may, consistent with applicable law and ethical standards of conduct, disclose your health information if Empath Health, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions

In certain circumstances, the Federal regulations authorize Empath Health to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.



For Workers' Compensation

Empath Health may release your health information for workers' compensation or similar programs.

Authorization to Use or Disclose Health Information

Other than as stated above, Empath Health will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time. However, Empath Health is unable to take back any disclosures it has already made with your permission and that Empath Health is required to retain for its records of care.

Uses and Disclosures That You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. Your written authorization is required for most uses and disclosures of psychotherapy notes; uses and disclosures of health information for marketing purposes; and disclosures that are a sale of health information. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

If Empath Health participates in a Health Information Exchange ("HIE") to allow timely and secure sharing of your information with other health care providers, health care entities, or their business associates as permitted by law, you will have a chance to opt-in to participate in the HIE. HIEs can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions about your care.

Your Rights with Respect to Your Health Information

You have the following rights regarding your health information that Empath Health maintains. If you wish to exercise this right, you may contact the Privacy Officer.

Right to Request Restrictions

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency). In the event you pay out-of-pocket and in full for services rendered, you may request that we not share your health information with your health plan. We must agree to this request.

Right to Receive Confidential Communications

You have the right to request that Empath Health communicate with you in alternative means. For example, you may ask that Empath Health only conduct communications pertaining to your health information with you privately with no other family members



present. Empath Health will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, Empath Health may charge a reasonable fee for copying and assembling costs associated with your request.

Right to an Electronic Copy of Electronic Medical Records

If your protected health information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or producible in the form or format, you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right To Amend Health Care Information

You or your representative has the right to request that Empath Health amend your records, if you believe that your health information is incorrect or incomplete. That request must be in writing and explain why the amendment is necessary. We may deny your request under certain circumstances.

Right To An Accounting Of Disclosures

You or your representative have the right to request an accounting of disclosures of your health information made by Empath Health for reasons, other than treatment, payment or operations. The request must specify the time period for the accounting which may not be older than six (6) years. Empath Health will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a cost-based fee.

Right To A Paper Copy Of This Notice

You or your representatives have a right to a separate copy of this Notice at any time, even if you or your representative have received this Notice previously. You may also obtain a copy of the current version of Empath Health's Notice of Privacy Practices at its website at EmpathHealth.org.

Right to Receive Notice of Breach of Protected Health Information

In the event of any unauthorized acquisition, access, use or disclosure of Protected Health Information; Empath Health, will fully comply with the breach notification requirements, including any and all regulations which have been or may be



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(727) 467-7423 | EmpathHealth.org

promulgated, which will include notification to you of any impact that breach may have had on you.

Duties of Empath Health

Empath Health is required by law to maintain the privacy of your health information and to provide this Notice of its duties and privacy practices to you or your representative. Empath Health is required to abide by the terms of this Notice as may be amended from time to time. Empath Health reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Empath Health makes material changes to its Notice, Empath Health will make a copy of the revised Notice available to you or your appointed representative.

You have the right to express complaints to Empath Health and to the Secretary of US Department of Health and Human Services, Office of Civil Rights, if you believe that your privacy rights have been violated. **Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.** Complaints to Empath Health should be made in writing to HIPAA Privacy Officer, 5771 Roosevelt Blvd., Clearwater, Florida 33760. Empath Health encourages you to express any concerns you may have regarding the privacy of your information and offers its assurance that you will not be retaliated against in any way for filing a complaint.

Contact Person

Empath Health has designated the **HIPAA Privacy Officer** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. To make a request or ask a question, you may contact the **HIPAA Privacy Officer at 5771 Roosevelt Blvd., Clearwater, FL 33760 or at (727) 586-4432.**

If you speak a language other than English, you have free language assistance services available. Call (727) 467-7423.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (727) 467-7423.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (727) 467-7423.

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