Section A: Who Will Follow This Notice?

This Notice describes our practices and that of:
- Any health care professional authorized by this Corporation to enter information into your medical record.
- Any member of a volunteer group we allow to help you while you are receiving care from this Corporation.
- All our employees, staff and other personnel.

All of these corporations service delivery sites and locations will follow the terms of this Notice. In addition, these sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

Section B: 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. We may use 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 generated or maintained by this Corporation. Any other health care provider or medical institution, such as a hospital or nursing home, that may treat you, may have different policies or notices regarding health care provider’s or medical institution’s use and disclosure of your medical information created by that health care provider or medical institution.

This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:
- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the Notice that is currently in effect and is to see where we can make improvements in the care and services we offer. We also may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific patients are. We strive to use information that will help us to pursue our funding efforts. All disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed, however, all of the others are permitted.

Section C: How We May Use and Disclose Your Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure, we are permitted to use and disclose information that will fall within one of the categories.

- Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, case managers, social workers, or other personnel involved in providing health care and related services to you. For a social worker or case manager who is handling your case may need to know if you have diabetes in order to arrange services. In addition, the social worker or case manager may need to tell the dietitian if you have diabetes so that appropriate meals can be prepared for you. We may share your medical information with different departments of a hospital or nursing home in order to coordinate the different things your providers, such as physicians, will do to care for you. We also may disclose medical information about you to other people outside this Corporation who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

- Payment. We may use and disclose medical information about you so that the services you receive from this Corporation may be billed, and payment may be collected from, federal and state health care programs (including Medicaid), you, an insurance company or a third party, as applicable. For example, we may give a federal or state health care program information about health care or related services that we provided to you, so that the program may pay us or reimburse you for the services. We may also tell federal or state health care programs about a treatment you are going to receive in order to obtain prior approval or to determine whether the treatment will be covered.

- Health Care Operations. We may use and disclose medical information about you in the course of providing services, training, and managing our health care delivery system. These uses and disclosures are necessary to run this Corporation and to meet certain administrative and legal requirements. This practice will help us to provide the highest quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff. We may combine medical information about other patients to decide what additional services we can offer, what services are not needed, and whether new services are needed.

We may disclose information to doctors, nurses, technicians, case managers, and other personnel from other health care organizations and medical institutions, such as a hospital or nursing home, for review and learning purposes; and we may combine the medical information we have with medical information from other health care organizations and medical institutions, such as hospitals or nursing homes, to compare how we are doing,
Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone who is not 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 medical information if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About a death if we have reason to believe that the death was a result of a crime.
- About criminal conduct at our facility or at the hospital; and
- In emergency circumstances, to report a crime or to locate the criminal or the victim.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to 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 medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for national security, and other national security activities authorized by law.

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

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release medical information. We will not disclose information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information

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

- Right to Inspect and Copy. You have the right to inspect and copy some of the medical information that may be used to make decisions about you. Usually, this includes medical information in any form that we keep about you (e.g., billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- Denial. We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Corporation will review your request and the denial. The person conducting the review will not be the person who denied your request. You will be notified of the outcome of the review.

- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request that a correction be made in any information known to be used by the Corporation. You must provide a reason that supports your request.

- Denial. 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 us, unless the person or entity that created the information is no longer available to make the amendment.
    - Is not part of the medical information kept by or for this Corporation.
    - 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 made of medical information about you. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (e.g., in a computer readable format). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will provide the list to you within 30 days of the receipt of your request or you may choose to withdraw or modify your request at that time before any fees are incurred.

- 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 limitation on the medical information we disclose about you to someone who is involved in your care, or the payment for your care (for example, a family member or friend). You also could request us not use or disclose information about a surgery you had.

In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply (for example, disclosures to your spouse).

- 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.

- Right to Request Confidential Communications. You have the right to request that the confidentiality of communications with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. 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.

- Right to a Paper Copy of This Notice. You have the right to have a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive Notice electronically, we are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website: www.neighborg.org.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request:

Title: Privacy Officer
Phone Number: 727-573-9444

Section F: 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 for any information we receive in the future. We will post a copy of the current Notice in our offices. The Notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services from NEIGHBORLY CARE NETWORK, we will offer you a copy of the current Notice in effect.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, complete the complaint form on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care we provided to you.

Section I: Organized Health Care Arrangement

Our Corporation, other federal and state affiliated agencies and other independent health care professionals (including your physician), may agree, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

Section J: Marketing

We may contact you as part of our marketing efforts. We are required to obtain your written consent to use your health information for marketing purposes. Marketing does not include face-to-face encounters or communications involving provisional gifts of nominal value. Marketing also does not include communications to you about treatment options or our own health-related products or services. The selling of lists of patients to third parties, and the disclosure of your health information to a third party for the third party's marketing activities is prohibited without your authorization.

Section K: Fundraising

We may contact you as part of our fundraising efforts. The only information about you that will be distributed for any fundraising effort is your demographic information (e.g., name, address, telephone number, etc.) and the dates you received treatment.