

NOTICE OF PRIVACY PRACTICES AND NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT

Your Information.
Your Rights.
Our Responsibilities.

This Notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

I. ORGANIZED HEALTH CARE ARRANGEMENT

GuideWell-Sanitas I, LLC together with its Florida healthcare clinics (“Sanitas”), Westchester General Hospital, Inc. d/b/a Kerally Hospital, Florida Behavioral Center, Inc. and Guidewell Emergency Medicine Doctors, LLC have agreed to participate in an organized health care arrangement (“OCHA”) and jointly provide and coordinate various clinical and operational activities to improve the health and wellbeing of their patients residing in the markets they serve (“Joint Activities”).

Sanitas and the other OHCA participants will share your Protected Health Information (defined below) related to the Joint Activities of the OHCA, consistent with each other’s Notice of Privacy Practices and as permitted by the regulations issued under the Health Insurance Portability and Accountability Act (“HIPAA”). The OHCA participants agree to abide by the terms of this Notice with respect to Protected Health Information created or received through participation in the OHCA.

The purpose of the OHCA is solely for compliance with HIPAA and creates no legal representations, warranties, obligations or responsibilities beyond HIPAA compliance. Nothing contained in this Notice is intended to suggest that any OHCA participants are agents of the other participants or that participants are liable for the acts or omissions of other participants.

II. APPLICABILITY OF NOTICE

Certain information contained your medical record is referred to as Protected Health Information (“PHI”). PHI may include your name, address, and other identifying data, as well as information about your health and the health services that you may receive or have already received. This Notice describes the privacy practices of Sanitas and pertains to all providers, clinical staff, employees, staff, independent contractors, vendors, volunteers and agents of Sanitas. It applies to all PHI about you that is maintained by Sanitas, including any such

information that is maintained on paper, electronically, or verbally spoken. This Notice describes how Sanitas may use and disclose the information that has been collected and what rights you have with respect to your medical information.

III. OUR RESPONSIBILITIES

Sanitas (“we” or “our”) is committed to maintaining the privacy and confidentiality of your health information. We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your health information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We will not use or share your information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Please let us know in writing if you change your mind.

This Notice informs you how we may use and disclose (share) health information about you for purposes described in this Notice. As required by the HIPAA Privacy Rule, we must establish policies and procedures for safeguarding PHI received, created, transmitted or maintained. You will be asked to sign an acknowledgement that you have received this Notice.

For more information, please visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

IV. YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to you.

Get an Electronic or Paper Copy of Your Medical Record. You can ask to see or get an electronic or paper copy of your medical record

and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask Us to Correct Your Medical Record. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within sixty (60) days.

Request 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 say “yes” to all reasonable requests.

Ask Us to Limit What We Use or Share. You can ask us not to use or share certain health information for treatment, payment or healthcare operations; we are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer; we will say “yes” unless a law requires us to share that information.

Get a List of Those with Whom We’ve Shared Information. You can ask for a list (an “accounting”) of the times we’ve shared your health information for six (6) years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

Get a Copy of this Privacy Notice. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can

exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a Complaint if You Feel Your Rights are Violated. You can file a complaint if you feel we have violated your rights by contacting any of the following:

Sanitas Medical Center

Attention: Privacy Officer
8400 NW 33rd Street, #201
Doral, FL 33122
Privacy Hotline: 1-866-460-4548
patientprivacy@mysanitas.com

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you for filing a complaint.

V. YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You Have Both the Right and Choice to Tell Us to share information with your family, close friends or others involved in your care; share information in a disaster relief situation; or include your information in a hospital directory (if applicable). *If you are unable to tell us your preference (ie., you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent*

threat to health or safety.

We Never Share Your Information Unless You Give Us Written Permission for marketing purposes; sale of your information; or sharing of psychotherapy notes.

VI. HOW SANITAS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

How Do We Typically Use or Share Your Health Information? We typically use or share your health information in the following ways.

Treatment. We can use your health information and share it with other healthcare professionals who are treating you or involved with your care. We may disclose your health information to doctors, nurses, medical assistants or other individuals at Sanitas who need the information to care for you. We may also disclose your health information to individuals outside of Sanitas who may be involved in your care, such as treating doctors, home care providers, pharmacies and family members.

Healthcare Operations. We can use and share your health information to run our organization and improve the quality of patient care. We may also combine health information about several patients to identify new services to offer, what services are not needed and whether certain treatments are effective. We may also disclose information to doctors, nurses, medical assistants and other individuals at Sanitas for learning and quality improvement purposes. We may remove information that identifies you so individuals outside of Sanitas can study your health data with anonymity.

Payment. We can use and share your health information to bill and get payment from health plans and other entities. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment

Healthcare Messages (Reminders, Treatment Alternatives and

Health-related Benefits and Services). We may use and disclose your health information to contact you about an upcoming appointment or medication refill. We may use and disclose your health information to advise you of treatment options or alternatives or health-related benefits and services that may be of interest to you. We may also make your health information available for you to access through a secure online portal or the mySanitas mobile application. We may contact you by mail, telephone or email.

Joint Activities under the OHCA. We may share your PHI with other OHCA participants, to be used as necessary to carry out Joint Activities, including treatment, payment or healthcare operations related to the OHCA.

Health Information Exchange. We participate in certain health information exchanges that share health information electronically with other health providers and organizations for treatment, payment and healthcare operations purposes, as permitted by relevant state and federal law. Additionally, we may access your health information maintained by other providers, health information exchange networks and health plans for our treatment, payment or healthcare operations purposes. If you do not wish to participate in the health information exchange, you may “opt-out” at any time by notifying Sanitas in writing.

How Else Can We Use or Share Your Health Information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions under applicable law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Health-Related Services. We may use and disclose your health information to send you communications about health-related products and services available at Sanitas.

Public Health and Safety Issues. We can share your health information in certain situations such as: preventing disease; disaster relief; helping

with product recalls; reporting adverse reactions to medications; reporting suspected abuse (ie., child, adult, domestic), neglect or domestic violence; or preventing or reducing a serious threat to anyone's health or safety.

Research. We can use or share your information for health research.

Required by Law. We will share your health information if required by state or federal laws, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Organ and Tissue Donation Requests. We can share your health information with organ procurement organizations.

Medical Examiner or Funeral Director. We can share health information with a coroner, medical examiner or funeral director upon the death of an individual.

Workers' Compensation, Law Enforcement and Other Government Requests. We can use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; for special government functions such as military, national security and presidential protective services.

Lawsuits and Legal Actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Authorizations for Other Uses and Disclosures. As described in this Notice, we may use your health information and disclose it outside of Sanitas for treatment, payment, healthcare operations and when required or permitted by law. We will not use or share your health information for other reasons (ie., psychotherapy notes) without your written authorization. The authorization may be revoked at any time, but any information shared prior to the revocation would not be impacted.

Business Associates. We may disclose health information to our business associates who perform functions or provide services on our

behalf, if the information is necessary for such functions or services. Our business associates are obligated by law and pursuant to a written agreement, to protect the privacy of health information and are not allowed to use or disclose any information other than as specified in the agreement.

HIV Test Results. If you received an HIV test and did not give us permission to use and disclose the results, we will use and disclose the results of HIV tests that identify you only: to provide you with healthcare services; when compiling or reviewing your records as part of routine billing; if necessary, to enable us to protect the quality of our services; to facilities involved in the placement, care control or custody of children and that have a need to know such information; to a sexual partner in accordance by law; pursuant to a court order that specifically requires us to release HIV test results; and in connection with organ donation.

VII. CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change the terms of this Notice, and the changes will apply to all information we have about you. We reserve the right to make the revised or changed notice effective for health information we already have as well as for any information we receive in the future. We will post a copy of the current notice at our facilities and locations. The Notice will be effective on the date specified on the first page. The new notice will be available upon request, in our offices and facilities, on www.mysanitas.com and in the [mySanitas mobile application](#).

VIII. CONTACT US

Medical Records Request. To maintain patient confidentiality and assure compliance with federal and state privacy laws, health information may not be released without your written authorization (except as permitted by law). To request your health records, you will

need to download, complete and sign this medical release form. The form may be accessed by visiting https://www.mysanitas.com/sites/default/files/resources/disc_of_medical_records_en_0.pdf and it should be sent to: Sanitas Medical Center, Attention: HIM Department, 8400 NW 33rd Street, #201, Doral, FL 33122 or via fax to 305-402-0855. Alternatively, you may obtain your medical records by using the [mySanitas mobile application](#).

Request an Amendment, Accounting of Disclosures, Restrictions, Confidential Communications or a Paper Copy of this Notice. The written request should be sent to Sanitas Medical Center, Attention: HIM Department, 8400 NW 33rd Street, #201, Doral, FL 33122 or via fax to 305-402-0855.

Patient Privacy Questions, Concerns and Complaints. Your privacy is important to us. If you have a question, concern, complaint or you wish to exercise your rights described in this Notice, please contact the Privacy Officer at: Sanitas Medical Center, Attention: Privacy Officer, 8400 NW 33rd Street, #201, Doral, FL 33122, the Sanitas Patient Privacy Hotline at 866-460-4548 or email at patientprivacy@mysanitas.com. Most requests to exercise your rights must be made in writing to the Privacy Officer. Please include your full name, contact number and a brief description of your question, concern or complaint.