

**Academic Health Center and Florida International University Faculty Group
Practice, Herbert Wertheim College of Medicine Green Family Foundation
Neighborhood Help Program**

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

Effective Date: September 1, 2009

About this Notice

Florida International University provides health care treatment to patients through its Academic Health Center, the faculty and staff of the FIU Herbert Wertheim College of Medicine and the FIU Faculty Group Practice as hybrid covered entities of FIU, also called the "FIU-AHC and FIU-FGP", or "we" or "us." This Notice covers the faculty and medical staff, all employees, staff, students and volunteers who participate in FIU-AHC and FIU-FGP services.

Our Pledge Regarding Protected Health Information

We understand that health information is personal. When you receive healthcare, you give information to doctors, nurses and others who care for you. We use the information you provide to create a

record about you and the care you receive. This record is personal medical information that is protected by law and is called "protected health information." We are committed to keep your protected health information safe.

By law, we must:

- Make sure that your protected health information is kept private;
- Give you this Notice of our legal duties and privacy practices;
- Follow the terms of the Notice that are currently in effect.

This Notice will tell you about:

- The ways we may use and share your protected health information;
- Your rights; and
- Our responsibilities regarding the use and sharing of protected health information.

How We May Use and Share Your Protected Health Information

We may use and share your protected health information in certain ways. We are not able to list each specific way we may use or share your health information, but each situation will fall into one of these basic categories below.

For Treatment

We may use and share your protected health information to treat you. We may share your protected health information with doctors, nurses, technicians, student trainees, and other people to help with your care. We may share your protected health information with healthcare workers outside of FIU-AHC, FIU-FGP for your treatment. We may contact pharmacies to determine medication prescriptions you have filled.

For Payment

We may use and share your protected health information so that we are paid for the cost of your care. We may bill and share protected health information with other providers, an insurance company, you, or a third party.

For Healthcare Operations

We may use or disclose your protected health information in order to support the operation of our health care practices. These uses and disclosure are necessary to run the FIU-AHC and FIU-FGP and to make sure that all our patients receive quality care. We may share protected health information with doctors, nurses, technicians, student trainees, and other people who help with your care for review and teaching purposes.

Fundraising Activities

We may use your protected health information to contact you about contributing to the University. You may opt out of receiving communications by contacting the AHC Privacy Officer at 305-348-4737.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your protected health information to a person, such as a family member or friend, who is involved in your medical care or helps to pay for your care.

Uses of Protected Health Information that Require Your Written Permission

In situations that are not treatment, payment, health care operations, or the special situations next described, we may only share protected health

information with your written permission. You may revoke your permission, in writing, at any time. If you revoke your permission, we will no longer use or share protected health information about you for the reasons covered by your written permission, except to the extent we have already used or shared your protected health information.

Special Situations

Below are additional uses and disclosures for which an authorization or an opportunity to agree or object is not required.

Research

Research is one of the missions of FIU-AHC and FIU-FGP. Research can help find the cure for diseases. Research can help you and many other people. You have the opportunity to be part of research at FIU. Under certain circumstances, we may use and share protected health information about you for research purpose, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or share protected health information. Often, you will need to give permission before we share your protected health information with others for use in research. If your protected health

information is used, the researcher must keep your protected health information safe and confidential.

As Required by Law

We will share protected health information about you when required to do so by federal, state or local law. We may use and share protected health information about you when necessary to:

Notify Designated Government Agencies about Victims of Abuse, Neglect, or Domestic Violence

Participate in Health Oversight Activities

Abide by Worker's Compensation Requirements\

Avert a Serious Threat to Health or Safety

Prevent or control Public Health Risks

Participate in Judicial and Administrative Proceedings

As Required by Law Enforcement

Participate in Organ and Tissue Donation

Facilitate the Duties of Coroners, Medical Examiners and Funeral Directors Related to a Deceased Person's Protected Health Information

Other Specialized Government Functions

Your Rights with Respect to Your Personal Health Information

The physical form your protected health information and billing records is our business record and is the property of FIU. The protected health information contained in those records is your protected health information. You have the following rights regarding your protected health information.

Right to Review and Copy.

You have the right to review and get a copy your protected health information that may be used to make decisions about your care, except for:

- information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding;
- certain lab tests subject to the Clinical Laboratories Improvement Act of 1988;
- other types of information we did not use to make decisions about your healthcare.

If you request a copy of your protected health information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request as permitted by law.

Right to Request Restrictions on Use or Disclosure

You have the right to request a restriction or limitation on protected health information we use or share about you for treatment, payment, or healthcare operations. If you pay for your services, in full, out of pocket, you may request that your protected health information not be disclosed to your health plan. Except for out of pocket payments, we are not required to agree with your request. If we do agree with your request, we will fulfill your request unless the protected health information is needed to provide emergency treatment to you. You must make your request of any restriction or limitation in writing to the Practice Manager where you received services.

Right to Receive Confidential Communications

You have the right to ask us to communicate with you in a way that protects your confidentiality. We will accommodate reasonable requests except in the case of an emergency. You may make your request for confidential communications in writing to the Practice Manager where you received services.

Right to Amend

If you believe that protected health information we have about you is wrong or lacking information, you may ask us to change the protected health information. You have the right to request a change for as long as the protected health information is maintained. We may deny your request if you ask us to change protected health information that:

- is not part of the protected health information which you would be permitted to see and get a copy of; or
- we believe is accurate and complete.

Submit your request to the Practice Manager where you received services. Your request must be made in writing and include a reason that supports your request.

Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures we have made (if any) of your protected health information. This is the list of certain disclosure of protected health information we made in special

situations listed above. These disclosures are not related to treatment, payment or healthcare operations. You must submit your request for an accounting of disclosures, in writing to the Practice Manager where you received services. Your request must tell us the calendar dates you want to see. This time period may include up to six years of services, beginning after September 9, 2009.

Right to be Notified in Event of a Breach

You have the right to be notified in the event your protected health information is used or disclosed in a manner not permitted in accordance with this notice.

Right to Obtain a Paper Copy of This Notice

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. You may ask for a paper copy at the registration desk at the time of your next appointment or print it off our website at: www.fiuhealth.fiu.edu.

Complaints

FIU-AHC and FIU-FGP is dedicated to ensuring your privacy rights. If you believe your privacy rights have been violated, then you may file a complaint with the Practice Manager where you received services. We will take your complaint seriously. We will not act against you in any way for filing a complaint.

Additionally, the FIU Academic Health Center, FIU-FGP Privacy Officer may be reached at: AHC Compliance and Privacy Officer, Florida International University, Modesto Maidique Campus, AHC-2, 682, 11200 S.W. 8th Street, Miami, FL 33199, Telephone No.: (305) 348-4737; Fax: (305) 348-0123. You may file a complaint with the U.S. Office of Civil Rights, Washington, D.C.

Changes to This Notice

We may change the terms of this Notice at any time. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you and any protected health information we receive in the future. Current copies of this Notice will be available at all FIU-AHC, FIU-FGP practice sites and on our website. The effective date of the Notice is on the first page, and revision date is on the last page. You may request any revised Notice by calling the FIU-AHC Privacy Officer.

This notice was amended on September 23, 2013.
