

NOTICE OF PRIVACY PRACTICES

Empath-Stratum, Inc. DBA Empath Health



Empath Health offers a variety of services and programs in its continuum of care through its various subsidiaries and wholly controlled affiliated companies. This Notice of Privacy Practices applies to all of such services and programs including, but not limited to, Empath Partners in Care, Empath LIFE, Suncoast Hospice, Tidewell Hospice, Hospice of Marion County, Trustbridge, Hospice of Palm Beach County, Hospice by the Sea, Harbor Palliative Care Services, Empath Home Health, Empath Personal Care, Empath Therapies, Empath Community Health, Empath Grief Care, and Empath Medical Services. This joint Notice of Privacy Practices describes how Empath Health may use and disclose/share your health information and how you can get access to this information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). **Please review it carefully.**

YOUR RIGHTS

When it comes to your health information, under federal law, you have certain rights. This section explains what your rights are and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You and/or your legal representative have the right to inspect and obtain a copy of your health information, including billing records. To see or obtain a copy, please contact the Health Information Management department.
- Empath Health will make a reasonable 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 standard electronic format or if you do not want this form or format, a readable hard copy form.
- We will provide a copy of your health information within 14 days of your request. We may charge a reasonable, cost-based fee for copying, postage, labor and supplies.

Ask us to correct your medical record

- You and/or your legal representative have the right to request Empath Health to amend your records. You can ask us to correct health information about you that you think is incorrect or incomplete. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer and explain why the amendment is necessary.
- We may say “no” to your request, but we’ll tell you why in writing within 30 days.

Request confidential communications

- You and/or your legal representative have the right to request confidential communications. Empath Health will not request that you provide any reasons for your request.
 - *Example: 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.
- To make this type of request, please submit your request in writing to the HIPAA Privacy Officer.

Request restrictions, ask us to limit what we use or disclose

- You and/or your legal representative have the right to request that Empath Health place additional restrictions on our use or disclosure of your health information. Empath Health is not required to agree to these additional restrictions, but if we do, we will abide by the agreement (except in emergency) or if it would affect your care.
- In the event you pay out-of-pocket and in full for services rendered, you may request that Empath Health not disclose your health information with your health plan.
 - We will say “yes” unless a law requires us to disclose that information.
- To request restrictions, you must make your request in writing to the HIPAA Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office or restricting both); and

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(3) to whom those restrictions to apply.

Get a list of those with whom we've disclosed information

- You and/or your legal representative can ask for a list (accounting) of the times we've disclosed your health information for up to six (6) years prior to the date you ask, who we disclosed it to, and why. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer.
- We will include all the disclosures except for those relating to treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). 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.

Get a copy of this Privacy Notice

- You and/or your legal representative 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. You may also obtain a copy of the current version of Empath Health's Notice of Privacy Practices at our website, www.empathhealth.org

Choose someone to act for you

- If you have given someone medical power of attorney, if someone is your health care surrogate or your legal guardian, that person can exercise your HIPAA rights and make choices about your health information.
- We will verify the person has this authority and can act for you before we take any action.

File a complaint if you believe your rights are violated

- You and/or your legal representative 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.
- You and/or your legal representative can contact Empath Health using the HIPAA Privacy Officer contact information listed at the end of this Notice. Empath Health encourages you to express any concerns you may have regarding the privacy of your health information and offers its assurance that you will not be retaliated against in any way for filing a complaint.
- You and/or your legal representative can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by: sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
- We will not retaliate against you for filing a complaint.

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 HIPAA's breach notification requirements, including any and all regulations that have been or may be promulgated, which will include notification to you of any impact that breach may have had on you.

Additional Florida Privacy Protections

- You and/or your legal representative have the right to any additional privacy protection granted through Florida law.
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YOUR CHOICES

For certain health information, you can tell us your choices about what we disclose. If you have a preference for how we disclose 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 may revoke your authorization in writing at any time except to the extent that Empath Health has taken action in reliance upon the authorization.

In these cases, you have both the right and choice to tell us how you want to:

- Disclose information with your family, close friends, or others involved in your care. Empath Health may use or disclose health information to notify or assist in the notification of (including identifying or locating), your 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, Empath Health will provide you with an opportunity to object to such uses or disclosures. In event of your incapacity or emergency circumstances, Empath Health will disclose health information based on a determination using its professional judgement disclosing only health information that is directly relevant to the person's involvement in your health care.
 - Include your information in a facility directory. If you are in an inpatient or residential facility, Empath Health may include in the directory 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 Empath Health if you do not want your information to be included in the directory.
 - Coordinate appointment Reminders. Empath Health may use and disclose your health information to contact you as a reminder that you have an appointment for an upcoming visit.
 - Educate you on 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.
 - Participate in Health Information Exchange programs. If Empath Health participates in HIE to allow timely and secure sharing of your information with other health care providers, health care companies, or their business associates as permitted by law, you will have a chance to opt-in to participate in the HIE. HIE programs can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions about your care.
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In these cases we never disclose your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Sensitive information such as: HIV and AIDS, psychotherapy, and alcohol/drug notes.
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In the case of fundraising

- 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 affiliated foundations. If you do not want Empath Health to contact you or your family, you should notify the HIPAA Privacy Officer.
 - If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.
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OUR USES AND DISCLOSURES

How do we typically use or disclose your health information? We typically use or disclose your health information in the following ways.

To Provide Treatment	<ul style="list-style-type: none">• We 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. 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.<ul style="list-style-type: none">○ <i>Example: physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.</i>
To Conduct Health Care Operations	<ul style="list-style-type: none">• Empath Health may use and disclose health information for our own operations in order to facilitate functions and, as necessary, to provide quality care to all.<ul style="list-style-type: none">○ <i>Example: Empath Health may use or disclose your health information to perform quality assessment activities or evaluate the performance of our staff and services.</i>
To Obtain Payment	<ul style="list-style-type: none">• Empath Health 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.<ul style="list-style-type: none">○ <i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

How else can we use or disclose your health information? We are allowed or required to disclose your information in other ways, usually in ways that contribute to the good of the public. We have to abide by the law and meet certain conditions before we can disclose your information for these purposes. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues	<ul style="list-style-type: none">• 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. We can disclose health information about you for certain situations such as:<ul style="list-style-type: none">○ <i>Reporting communicable diseases</i>○ <i>Helping with product recalls</i>○ <i>Reporting adverse reactions to medications</i>○ <i>Reporting suspected abuse, neglect or domestic violence</i>
Research	<ul style="list-style-type: none">• 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.
Comply with the law	<ul style="list-style-type: none">• Empath Health will disclose your health information when it is required to do so by any Federal, State or local law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• 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.

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Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • 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. • 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.
Workers' compensation and other government requests	<ul style="list-style-type: none"> • Empath Health can use or disclose health information about you: <ul style="list-style-type: none"> ○ For workers' compensation or similar programs ○ With health oversight agencies for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. ○ For law enforcement purposes, as authorized by Federal, State or local law. ○ For special government functions such as 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.
Judicial and Administrative Proceedings	<ul style="list-style-type: none"> • 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.
Law Enforcement	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or similar process. ○ For the purpose of identifying or locating a suspect, fugitive, material witness or missing person. ○ Under certain limited circumstances, when you are or are suspected to be the victim of a crime. ○ To a law enforcement official if Empath Health has a suspicion that your death was the result of criminal conduct, including criminal conduct at Empath Health. ○ In an emergency in order to report a crime on the premises.
Business Associates	<ul style="list-style-type: none"> • Empath Health may disclose your health information with third-party "business associates" that perform various activities (e.g., billing, transcription services) for Empath Health. Whenever an arrangement between Empath Health and a business associate involves the use or disclosure of your health information, Empath Health will have a written contract that contains terms that will protect the privacy of your health information.

OUR RESPONSIBILITIES

- 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 authorized representative.
- Empath Health will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- Empath Health is required to abide by the terms of this Notice and give you a copy of it.
- Empath Health will not use or disclose your information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know if you change your mind by contacting the Privacy Officer in writing.

CHANGES TO THE TERMS OF THIS NOTICE

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 authorized representative. The new Notice will be available upon request in our office and on our website.

ADDITIONAL NOTICE

A court order may be required pursuant to Florida Statute Section 400.611(3) before Empath Health will release your records after your death, unless during your life you (or your authorized representative) expressly state in writing that a specific person or entity is authorized, after your death, to request and receive your health information.

PRIVACY OFFICIAL CONTACT INFORMATION

Amanda Tippin, HIPAA Privacy Officer
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West Palm Beach, FL 33407
561-227-5123
atippin@empathhealth.org
www.empathhealth.org