USF HEALTH

# CONSENT FOR TREATMENT & CARE OF MINORS

I, _____, being the parent and/or legal guardian of the minor age child, _____, hereby gives consent for medically necessary treatment and care, including emergency treatment, by the health care providers affiliated with the University of South Florida College of Medicine and the USF Physicians Group.

In the event I am not available at a time this minor requires medical care, I give the parties listed below the authority to seek and authorize care.

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
Witness Date

## Alternate Parties Authorized to Seek Medical Care for Minor Child

_____ _____
Print Name Home/Work Phone

_____ _____
Relationship Initial of Legal Guardian

_____ _____
Print Name Home/Work Phone

_____ _____
Relationship Initial of Legal Guardian

Affix label here

# Patient Policy Acknowledgment

**Department of Psychiatry & Behavioral Neurosciences**

Please review the USF patient policies below and initial next to each. By initialing I am acknowledging that I understand these policies and can address any questions with my prescribing provider.

1. Routine calls are accepted between 8-5pm, Mon-Fri at (813) 974-8900. I understand that staff will record messages, including confidential details, and communicate them to my provider. _____(ini)

2. My provider will return all routine/non-emergent calls within 72 hours. I understand I am responsible for providing and updating the phone number and time that I am most available to be reached. _____(ini)

3. Prescription refills require 72 hours notice for processing. I will have my medication name, dosage, instructions, and pharmacy phone number available when calling for a refill. _____(ini)

4. My provider retains the right to refuse a medication change over the phone and may request an appointment. _____(ini)

5. Appointment cancellations require 48 hours notice. I understand that the clinic will charge a no-show fee if I cancel an appointment with less than 48 hours notice. _____(ini)

6. My provider will not refill medications prescribed by other medical professionals. _____(ini)

7. I understand that prescription refills will NOT be authorized if I have not had an appointment with the prescribing provider within the past 6 months. However, some types of medications require more frequent appointments including many medications for ADHD and anxiety. Patients taking stimulant medications must have been seen in the past 90 days to receive a new prescription. I should ask my provider about the required frequency of appointments for any medication prescribed that is applicable to my treatment. _____(ini)

8. I understand that based on the complexity and duration, my provider may bill me for phone calls. _____(ini)

9. Please initial below to indicate whether you want us to send medical records of your treatment here to your/your child's primary care physician or your specialist.

_____ Yes, I want you to send pertinent medical records about my/my child's treatment to:

_____

*A separate Release of Information form must be signed prior to records being sent

_____ No, I do not wish to provide consent for medical records to be sent to my/my child's physicians at this time.

_____ _____

Patient Signature (or Guardian) Date

# Informed Consent For Services Provided By A Psychiatry Resident At The University of South Florida's Psychiatry Clinic

Psychiatry Residents provide therapy and pharmacologic management services at the University of South Florida's Psychiatry Clinic as part of their required training. Psychiatry Residents have obtained their medical degree and are enrolled in a minimum of a four (4) year program of supervised practice and training as required by the Licensing Board of the State of Florida. The services are provided under the following conditions:

- Through the course of your treatment, a Resident Physician may evaluate and provide all/some of your ongoing treatment. Resident Physicians are assisted by an Attending Faculty Physician who provide overall medical supervision of your care.
- The Attending Faculty Physician assumes the overall responsibility for the nature and the quality of the service that you receive.
- To perform services for you, it is necessary for treating USF physicians and residents to discuss your treatment and resulting psychological records. I understand this and give my consent for the exchange of this confidential information between supervisory USF physicians and resident physicians.
- The Attending Faculty Physician (or a designee) is available to provide backup coverage and assistance to the Resident Physician either in person or by telephone on a 24 hour, 7 days a week basis.
- The Attending Faculty Physician is available to examine you in order to reevaluate your care in instances in which your treatment does not seem to be progressing in a satisfactory manner or to assess any emergencies that may arise. You may contact the Attending Faculty Physician at 974-8900 at any time if you find this to be necessary, to discuss your treatment.
- Services provided will be billed under the Faculty Attending Physician's name.
- Patients who are covered by federally administered programs (e.g., Medicare) are not eligible for some services that require the Attending Faculty Physician's presence.

By signing below, we indicate our understanding and acceptance of these conditions.

| | |
|---|---|
| Patient's Name (printed) | Patient's Date of Birth |
| Patient or Legal Guardian's Signature | Date |
| Witness | Date |

**PRIOR EXPRESS CONSENT**

**FOR COMMUNICATIONS FOR DEBT COLLECTION AND PAYMENT PURPOSES**

I expressly agree and consent that, in order for University Medical Service Association, Inc. ("UMSA"), and its agents and affiliates, to service my account including debt collection and payment purposes, UMSA, or any of its agents or affiliates, may contact me by telephone at any telephone number associated with my account, including any wireless/cellular telephone numbers, which could result in charges to me. UMSA, or any of its agents or affiliates, may also contact me for debt collection and payment purposes by sending text messages or e-mails, using any e-mail address I provide to UMSA. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device.

I have read this Consent and agree that UMSA may contact me as described above. I hereby affirm that either (i) I am the patient and sign this Consent of my own behalf, or (ii) if I am signing this Consent on behalf of the patient, I have reviewed this Consent with the patient and he/she has expressly authorized me to sign this Consent on his/her behalf.

_____ _____

Patient or Patient's Authorized Representative Date

_____

(Relationship to Patient)

## Patient Refused to Sign

_____ _____

(Signature of USF Health Rep) Date

USF HEALTH UNIVERSITY OF SOUTH FLORIDA

Patient Name:_____ MRN Number:_____

As a result of the American Recovery and Reinvestment Act, the USF Physicians Group is required to collect patient data regarding race and ethnicity as part of information provided to the Centers for Medicare & Medicaid Services (CMS) under the Meaningful Use Stage 1 requirements. This information is required for all patients.

Accordingly, we are required to request that you indicate your racial background and ethnicity please indicate one of the following:

**Race**

___ American Indian/Alaska Native
___ Asian
___ Black
___ Native Hawaiian/Other Pacific Islander
___ White
___ Declined
___Unknown

**Ethnicity**

___ Hispanic or Latino or Spanish Origin
___ Not Hispanic or Latino or Spanish Origin
___ Declined
___ Unknown

Please note that you have the option of indicating "declined" above.

**Language**_____

**Other required data to offer better service to you:**

**Preferred Method to Notify You of Upcoming Appointment**

_____Cell Phone Number _____
;
_____Home Phone Number_____

_____E-Mail – E-Mail Address_____

_____Text Message – Phone Number to Text_____

_____Do Not Call Me

_____No Response

*DATE ENTERED:_____BY:_____(Inititals)*

# USF HIPAA COVERED COMPONENT
# ACKNOWLEDGEMENT OF RECEIPT OF JOINT NOTICE OF PRIVACY PRACTICES AND NOTICE OF HEALTH CARE ARRANGEMENT

Effective August 1, 2015

By signing below, I acknowledge that I have been provided a copy of this Joint Notice of Privacy Practices and Notice of Organized Health Care Arrangement and have thereby been advised of how my health information may be used and/or disclosed, and how I may obtain access to and control this information.

_____ _____

Signature of Patient (or Authorized Personal Representative) Date

_____ _____

Print Name of Patient (or Authorized Personal Representative) Authority of Personal Representative
(e.g., parent, legal guardian, health care surrogate)

## DOCUMENTATION OF GOOD FAITH EFFORT TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF JOINT NOTICE OF PRIVACY PRACTICES AND NOTICE OF HEALTH CARE ARRANGEMENT

The patient presented for his/her service on this date and was provided a copy of the Joint Notice of Privacy Practices and Notice of Health Care Arrangement. A good faith effort was made to obtain a written acknowledgment of receipt of the Notice. However, an acknowledgment of receipt was not obtained because of the following reason(s):

- ☐ Patient refused to sign the Acknowledgement of Receipt.
- ☐ Patient was unable to sign or initial the Acknowledgement of Receipt.

_____ _____

Signature of employee completing this form Date

_____

Print name of employee

Medical Record Number: _____

Or Affix Patient Label:

**Scan/File Original in the Medical Record**

Effective Date: August 1, 2015

# Joint Notice of Privacy Practices
# And
# Notice of Organized Health Care Arrangement

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.

If you have any questions about this notice, please contact:

TGH Privacy Office
P.O. Box 1289
Tampa, FL 33601
Telephone: 813-844-4813

## Organized Healthcare Arrangement

Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital (TGH), the University of South Florida (USF), and all of the entities set forth in Exhibit A (hereafter referred to as "we" or "us") have agreed to abide by the terms of this notice with respect to protected health information (PHI) as part of our participation in an organized healthcare arrangement (OHCA).

We will share PHI with each other as necessary to carry out treatment, payment, or health care operations relating to the OHCA, and as otherwise permitted by applicable law. We will do so through access to a shared electronic medical record. This notice applies to all of our service delivery sites and related support sites that use the shared electronic medical record.

NOTHING IN THIS NOTICE IS INTENDED TO SUGGEST THAT ANY OF US IS THE AGENT OF ANY OTHER OF US, OR THAT ANY OF US IS LIABLE FOR THE ACTS OR OMISSIONS OF ANY OTHER OF US.

## Who Will Follow This Notice

As to TGH, this notice describes TGH's practices and those of:

- Any health care professional authorized to enter information into or access information from your TGH medical record (e.g. physicians and nursing staff)
- All departments and units of TGH
- All departments and units of the free standing facilities affiliated with TGH (e.g., free standing clinics, diagnostic centers, other clinical sites, etc.)
- Any member of a volunteer group TGH allows to help you while you are a patient at one of TGH's facilities
- All employees, staff and other hospital personnel

As to USF, this notice describes the practices of the following HIPAA covered health care components (Components):

- The USF Health Morsani College of Medicine and its constituent schools and departments (including the USF School of Physical Therapy and Rehabilitation Sciences)

- The USF College of Pharmacy
- The USF Student Health Services
- Johnnie B. Byrd, Sr. Alzheimer's Center and Research Institute
- The USF College of Behavior Sciences, Department of Communication Sciences and Speech Disorders
- The USF Medical Services Support Corporation
- University Medical Service Association, Inc.

and

- The USF administrative and operational units that support the Components
- All physicians, other healthcare providers, faculty, employees, trainees, students, volunteers and other workforce members and personnel of the Components

As to all of us except TGH and USF, this notice describes our practices, and the practices of all of our employees, staff and other personnel.

## Our Pledge Regarding Health Information

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care, whether made by personnel or treating physicians, whether in paper, electronic or other forms of media. Your treating physicians outside of the OHCA may have different policies or notices regarding the use and disclosure of your health information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose health information about you. We also will describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that are currently in effect
- Notify you in the event of a breach of privacy regarding your private health information

## How We May Use and Disclose Health Information About You

The following categories describe different ways that we use and disclose health information. In certain circumstances we may use and disclose PHI about you without your written consent. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment**: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments also may share health information about you in

order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose health information about you to people outside of the OHCA who may be involved in your medical care, such as family members, clergy, nursing homes, doctors or others we use to provide services that are part of your care.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at Tampa General Hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our offices and facilities and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery.

**Business Associates:** We may use or disclose your PHI to an outside company that assists us in operating our offices and facilities. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**Communication with Family Members and Friends**: If you agree, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. After your death, we may disclose PHI to a family member, relative, or other person who was involved in your health care or payment as long as that disclosure is consistent with your prior expressed preferences. You have a right to withdraw your permission or restrict these disclosures at any time. If you are unavailable, incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

**Appointment Reminders**: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Communications or Alternatives:** We may use and disclose health information to contact you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-related Benefits and Services:** We may use and disclose health information to contact you about health-related benefits or services that may be of interest to you.

**Hospital Directory**: With your prior approval TGH may include certain limited information about you in its hospital directory while you are a patient at the hospital. This information may include your

name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he/she does not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You may prohibit the use or disclosure of this information by requesting 'No Information" status at admission or anytime during your hospital stay.

**Fund Raising:** TGH or USF may use or disclose PHI, such as your name, address, phone number, the dates you received services, the department from which you received service, your treating physician, outcome information and health insurance status to contact you to raise money for their interests. They may share this information with the TGH Foundation, the USF Foundation, or their representatives to work on their behalf. If you do not want them to contact you with regard to their fundraising activities you may opt out. To opt out of these fundraising activities, or to opt in again, contact the Tampa General Foundation at (813) 844-3528 or tghfoundation@tgh.org or University of South Florida Physician Group, Clinical Operations Administration, 12901 North Bruce B. Downs Boulevard, MDC 33, Tampa, FL 33612, (813) 974-2201.

**Community Education Programs:** TGH from time to time participates in community educational programs, such as the White Coat Mini-Internship Program, and others. As part of these programs participants may accompany physicians and/or TGH staff as they attend to patients for educational purposes. Your PHI may be used or disclosed by TGH's personnel involved in your care for educational purposes in connection with such programs. You may opt out of such uses and disclosures by submitting the request in writing, to the TGH Privacy Office, P.O. Box 1289, Tampa, FL 33601, knowing that uses or disclosures made prior to the revocation cannot be taken back and are not subject to revocation. TGH may not condition treatment, payment, enrollment or eligibility for benefits on your opting out of such uses and disclosures.

**Research:** USF is an academic research institution, and TGH is an academic research hospital. Support of research is included in the missions of USF and TGH. Your health information may be used or disclosed for research purposes. Your medical record may be reviewed and data included in a research study. Your health information may be reviewed in preparation for research or used in a format that will not specifically identify you, or very limited information may be used and no additional authorization is required. A Privacy Board will determine whether your authorization is necessary for your health information to be included.

**As Required By Law**: We will disclose health information about you when required to do so by federal, state or local law.

**To Avert Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

## Special Situations

**Organ and Tissue Donations:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplant or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation**: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease; injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify your employer of a work-related illness or injury, if the health care was provided at the request of the employer and the employer is required to record the information

**Abuse or Neglect:** If you agree or when we are required or authorized by law, we may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

**Health Oversight Activities**: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else 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 health 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or

determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities**: We may release health information about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

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

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Shared Medical Record/Health Information Exchanges**: We maintain PHI about our patients in shared electronic medical records that allow us to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange with us, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

## Other Uses and Disclosures of PHI

Most uses and disclosures of PHI for marketing purposes, including subsidized marketing information, uses and disclosures relating to highly confidential matters (such as abuse or neglect of a child, elderly person, or disabled adult, genetic testing, HIV/AIDS testing, diagnosis, or treatment, invitro fertilization, mental health, developmental disabilities, sexually transmitted diseases, or sexual assault), and disclosures that constitute the sale of PHI, require your written authorization. Psychotherapy notes (your mental health provider's written notes) will be disclosed only with your written permission and the consent of your mental health provider.

## Your Rights Regarding Health information About You

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

**Right to Inspect and Receive a Copy:** You have the right to inspect and receive a copy of health information that may be used to make decisions about your care. To inspect and obtain a copy of health information that may be used to make decisions about you, you must submit your request in writing to:

- For TGH: TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa FL 33601, (813) 844-7533.
- For USF: USFPG Clinical Operations Health Information Management, Attn.: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.
- For entities other than TGH or USF, the office you visited.

For PHI in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information. If you request a copy of the information, we may charge a fee for the costs associated with providing the requested information in paper or electronic format. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to health information related to these limited circumstances, you may request that the denial be reviewed as per the review policy of the denying entity.

**Right to Request an Amendment or Addendum:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as we maintain the information. To request an amendment, your request must be made in writing and submitted to:

- For TGH: TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa FL 33601, (813) 844-7533.

- For USF: USFPG Clinical Operations Health Information Management, Attn.: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

- For entities other than TGH or USF, the office you visited.

In addition, you must provide a reason that supports your request. 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
- Is not part of the health information kept by or for us
- Is not part of the information which you would be permitted to inspect and receive a copy
- Is accurate

The personnel who maintain the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Right to an Accounting of Disclosures:** With some exceptions, you have the right to request information relating to certain disclosures of information we may have made about your health care for the six (6) year period prior to your request. To request this list or accounting of disclosures, you must submit your request in writing to:

- For TGH: TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa FL 33601, (813) 844-7533.

- For USF: USFPG Clinical Operations Health Information Management, Attn.: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

- For entities other than TGH or USF, the office you visited.

Your request should indicate in what form you want the list (for example, on paper, electronically). 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 notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose information about a surgery you had. We are not required to agree to your request except as described in the next section below. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment. To comply with your request, it may be necessary to consider all information confidential. To request restrictions prior to or at the time of admission you must make your request in writing to:

- For TGH: TGH Admitting Dept., Manager, P.O. Box 1289, Tampa, FL 33601, (813) 844-7207.
- For USF: USFPG Clinical Operations Administration: Attn.: Patient Advocate, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.
- For entities other than TGH or USF, the office you visited.

In your request, you must indicate (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to a relative.

**Requested restriction to health plan:** We will agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid for in full. For example, if a patient pays for a service completely out of pocket and asks us not to tell his/her insurance company about it, we will abide by this request unless otherwise required by law. A request for this restriction should be made in writing, to:

- For TGH: TGH Admitting Dept., Manager, P.O. Box 1289, Tampa, FL 33601, (813) 844-7207.
- For USF: USFPG Clinical Operations Administration: Attn.: Patient Advocate, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.
- For entities other than TGH or USF, the office you visited.

**Right to Request Confidential Communications:** You have the right to request that we communicate 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. To request confidential communications, you must make your request in writing to:

- For TGH: TGH Admitting Dept., Manager, P.O. Box 1289, Tampa, FL 33601, (813) 844-7207.
- For USF: USFPG Clinical Operations Administration: Attn.: Patient Advocate, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.
- For entities other than TGH or USF, the office you visited.

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 be Notified of a Breach:** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of unsecured protected health information.

**The Right to Access to Your Own Health Information:** Except for certain limited circumstances, you have the right to inspect and obtain a copy of your protected health information for as long as we maintain it. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee to create the summary. If you have any questions or requests, please contact:

- TGH: TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa FL 33601, (813) 844-7533. Alternatively, if applicable, you may request secure online access to portions of your medical records through TGH's patient portal.

- USF: USFPG Clinical Operations Health Information Management, Attn.: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

- For entities other than TGH or USF, the office you visited.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. To obtain a paper copy of this notice contact: TGH Privacy Office, Attn.: Director, P.O. Box 1289, Tampa, FL 33602, (813) 844-4813.

## 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 health information we already have about you as well as any information we receive in the future. If we make a material change to the terms of this notice we will make the revised notice available to you upon request (see section titled Right to a Paper Copy of this Notice). We will post a copy of the current notice in our offices and facilities, and on our websites. The notice will contain on the first page, in the bottom left-hand corner, the effective date. In addition, each time you present at our offices or facilities for treatment or health care services, we will offer you a copy of the current notice in effect.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact:

- For TGH: TGH Admitting Dept., Manager, P.O. Box 1289, Tampa, FL 33601, (813) 844-7207.

- For USF: USFPG Clinical Operations Administration: Attn.: Patient Advocate, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

- For entities other than TGH or USF, the office you visited.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## Other Uses of Health information

Other uses and disclosures of health 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 health 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 health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provide to you.

# Exhibit A to Joint Notice of Privacy Practices
# And
# Notice of Organized Health Care Arrangement

- Advanced Vein & Vascular Solutions;
- Al-Halawani, M.D., P.A., F.A.C.E;
- Ajoy Kotwal, M.D., P.A.;
- Center for Diabetes and Metabolic Disorders;
- Digestive Diseases Associates of Tampa Bay;
- Dr. Eugene Ward, M.D., P.A.;
- Dr. Venkata BiReddy, M.D., P.A.;
- F.A.C.T. Surgery;
- Fernando A. Rodriguez, M.D., P.A.;
- Florida Department of Health, Children's Medical Services
- Florida Interventional Specialists;
- Health Association of Tampa Bay;
- Jawan Ayer-Cole, M.D., L.L.C.;
- John Isaac Delgado, M.D., P.A.;
- Lucy C. Love, M.D., P.A.;
- Mary L. Stedman, M.D., P.A.;
- Medic Clinics Primary Care, L.L.C.;
- Omni Medical Center for Women;
- Palma Ceia Heart & Vascular, P.A.;
- Ronald S. Hulse, III, M.D.;
- Tampa General Medical Group, Inc.
- Tampa Neurology Associates;
- Tampa Bay Plastic Surgery; and
- Women's Healthcare.