

## NOTICE OF PRIVACY RIGHTS

### ORLANDO SENIOR HEALTH NETWORK

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.

1. Below is a description, including at least one (1) example of the types of uses and disclosures that Orlando Senior Health Network is permitted to make for each of the following purposes: treatment, payment and healthcare operations.

Disclosures to other healthcare providers, including, for example, to patients' attending physician. Submission of claims and supporting documentation including, for example, to Orlando Senior Health Network's responsible to pay for service provided by Orlando Senior Health Network. Disclosures to conduct the operation of Orlando Senior Health Network, including, for example, sharing information to supervisors of staff members who provide care to patients.

2. Below is a description of each of the other purposes for which Orlando Senior Health Network is permitted or required to use or disclose protected health information without an individual's written consent or authorization

To patients, incident to another permitted use or disclosure, by agreement, to the Secretary of the U.S. Department of Health and Human Services, as required by law, for public health activities, information about victims of abuse, neglect, or domestic violence, health oversight activities, for judicial and administrative proceedings, for law enforcement proceedings, about decedents, for cadaveric organ, eye or tissue donation, for research purposes, to avert a serious threat to health or safety, for specific government functions, to business associates of Orlando Senior Health Network, to personal representatives, de-identified information, to workforce members who are victims of crimes, to worker's compensation programs, for involvement in the individual's care and notification purposes, with the individual present, for limited uses and disclosures when the individual is not present, and for disaster relief purposes.

3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information for marketing activities and the sale of protected health information, will only be made with the individual's written authorization and the individual may revoke such authorization.
4. Orlando Senior Health Network may contact the individual to schedule visits and for other coordination of care activities.
5. The Individual has the right to request further restrictions on certain uses and disclosures of protected health information, but Orlando Senior Health Network is not required to agree to any requested restriction(s), except disclosures must be restricted to health plans if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and the protected health information pertains solely to a healthcare item or service for which the individual or person other than the health plan on behalf of the individual has paid Orlando Senior Health Network in full.

6. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting disclosures of protected health information and the right to obtain a paper copy of this notice from Orlando Senior Health Network upon request.
7. Orlando Senior Health Network is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.
8. Orlando Senior Health Network is required to abide by the terms of this notice currently in affect.
9. Orlando Senior Health Network reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this notice upon request.
10. Individuals may complain to Orlando Senior Health Network and to the Secretary of the U.S. Health Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to Michelle Bilsky, HIPAA Compliance Officer at Orlando Senior Health Network at the following telephone number: (407) 515-3803. Individuals will not be retaliated against for filing a complaint.
11. For further information, individuals should contact Alicia Labrecque, CEO of Orlando Senior Health Network at the following telephone number: (407) 515-3807.
12. This notice is in the effect as of February 25, 2020.
13. My Signature below is an acknowledgement that I have received a copy of this notice.

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Patient Signature

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Date

Documentation of good faith effort to obtain the patient's signature if unable to obtain.