

# 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 the information carefully.**

- Lee Health is structured as an organized health care arrangement, which allows for the sharing of protected health information among groups and services listed in this notice to carry out services for treatment, payment or health care operations. For purposes of the Health Insurance Portability and Accountability Act, this organized health care arrangement includes the following: Cape Coral Hospital, Golisano Children's Hospital of Southwest Florida, Gulf Coast Medical Center, HealthPark Medical Center, Lee Memorial Hospital, Rehabilitation Hospital, Lee Physician Group offices, Convenient Care, HealthPark Care and Rehabilitation Center, all Lee Health Wellness Centers, and all outpatient centers and outpatient departments. These entities, sites and locations may share medical information with each other for treatment, payment or operations purposes as described in this notice.
- Where required by law, Lee Health will make reasonable efforts to limit the disclosure of protected health information to the "minimum necessary" to accomplish the intended purpose of the disclosure. "Minimum necessary" is a limited data set as defined in 45 C.F.R. §164.514(e)(2) if practicable, or if needed, to the minimum necessary to accomplish the intended use, disclosure or request.
- Your protected health information may be released to other health care professionals within Lee Health or other covered entities for the purpose of providing you with quality health care. Lee Health might share your health information with other departments in the organization to assist in coordinating the care you need, such as prescriptions, blood work, meals and X-rays or other diagnostic tests.
- Your protected health information may be released to your insurance provider for the purpose of Lee Health receiving payment for providing you with needed health care services. We might share your health information with your physician for payment activities related to the care you received.
- Your protected health information may be released in connection with our health care operations. Lee Health might share your health information to perform evaluation of our quality of services provided to you during your stay. We might share health information among outside agencies for review and certification or licensing of our services provided.
- Your protected health information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your protected health information may be released to other health care providers in the event you need emergency care.
- Your protected health information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your protected health information may be used in our facilities directory; name, location in our facility, general condition and/ or religious affiliation to be provided upon a caller's specific request by name. Lee Health may also release your religious affiliation to clergy if you provide it. We will provide you the opportunity to prohibit disclosure to our facility directories unless emergency circumstances prevent your opportunity to object.
- Your protected health information is part of Lee Health's shared electronic medical record. The system utilizes a shared electronic medical record to help facilitate access to health information that may be needed to provide you with care. The shared electronic medical record allows members of the system's organized health care arrangement and other associated health care providers to access your protected health information only for purposes described in this notice. Each participant in the shared electronic medical record has implemented policies and procedures governing appropriate access to protected health information in the shared electronic medical record in accordance with state and federal law. You may request a list of authorized participants in the shared electronic medical record by contacting the Lee Health Patient Information Privacy Officer at the address or phone number listed below.
- Your protected health information may be released only after receiving written authorization from you other than those listed above or for treatment, payment or health care operations. You may revoke your permission to release protected health information at any time. It must be in writing with effective date and be specific to the health information being protected. Lee Health is not required to agree to your request if action has already been taken or if your authorization was obtained as a condition for obtaining insurance coverage and the law gives the insurer the right to contest a claim.
- Your protected health information may be disclosed to an approved research project by Lee Health in accordance with our policy and protocol for protecting the patient's privacy. In most cases, we will have the opportunity to obtain your written authorization before any information is shared for research purposes.
- You may be contacted by Lee Health by phone or mail (or leave a message on an automated answering device) to remind you of appointments, preschedule procedures, verify insurance/demographic information or inform you of test results. You have the right to request a more confidential way of providing you protected health information or an alternative communication method when we see you. We will honor all reasonable requests.

- You may be contacted by Lee Health by phone or mail to offer health care treatment options or other health services that may be of interest to you. In the material, we will provide information on how to opt out of receiving future marketing communications.
- You may be contacted by us for the purposes of raising funds to support the operations of the system. In the fundraising material, we will provide information on how to opt out of receiving future fundraising communications.
- You have the right to request a restriction on the use of your protected health information. However, we may choose to refuse your restriction if it is in conflict with providing you with quality health care or in the event of an emergency situation. Lee Health will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.
- You have the right to receive confidential communication about your health status. Lee Health might disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location or your general health condition or death. We will also use our professional judgment and our experience with common practice to make reasonable decisions when releasing your health information that is directly relevant to the person's involvement in your health care.
- You have the right to review and photocopy any/all portions of your health information. Lee Health has the right to assess a fee for the photocopying of the health information.
- You have the right to request an amendment to your health information. It must be in writing and explain why the information should be amended. We can deny the amendment and if so, a written explanation will be provided.
- You have the right to know who has accessed your protected health information and for what purpose other than for treatment, payment, health care operations, and other activities or those disclosures directly authorized by you. Lee Health requires that the request for accounting of the disclosures be in writing to the Patient Information Privacy Officer listed below.
- You have a right to request and receive a list of certain disclosures made of your protected health information. You are entitled to this accounting of disclosures for the six years prior to the date you make the request, but not for disclosures made before April 14, 2003. If Lee Health maintains protected health information in an electronic health record, you will be entitled to disclosures made through an electronic health record for treatment, payment and health care operations purposes for a period of three years prior to the date you make the request. We will provide you with the date on which the disclosure was made, the name of the person or entity that received your protected health information, a description of the protected health information that was disclosed, the reason for the disclosure and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee for preparing the list.
- You have the right to be notified of an unsecured breach of your protected health information. If Lee Health or one of its business associates discovers a breach of unsecured protected health information and the unsecured protected health information has been, or is reasonable believed, to have been, accessed, acquired or disclosed by the system or a business associate, we will notify you of the breach without unreasonable delay and as required by law.
- You have the right to possess a copy of this Statement of Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Lee Health is required by law to protect the privacy of its patients. It will keep protected any and all patient health information and will provide patients with a list of duties or practices that protect health information upon written request.
- Lee Health will abide by the terms of the notice, currently in effect. We reserve the right to make changes to this notice and to make new notice provisions effective for all protected health information that it maintains. Changes to this notice will be posted on the Lee Health Internet website, [www.LeeHealth.org](http://www.LeeHealth.org), and may be redistributed at your next visit to Lee Health.
- You have the right to complain to us if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your written complaint to: Lee Health  
ATTN: Patient Information Privacy Officer  
Lee Health  
Compliance Department  
P.O. Box 2218, Ft. Myers, FL 33902
- All complaints will be investigated. No personal issue will be raised for filing a complaint with Lee Health.
- You may also submit a written complaint to:  
Region IV, Office of Civil Rights  
U.S. Dept. of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909
- If you would like further information about this Privacy Notice, please contact our Privacy Officer at:  
Lee Health  
Compliance Department  
P.O. Box 2218, Ft. Myers, FL 33902  
239-343-8608  
Or email [PrivacyOfficer@LeeHealth.org](mailto:PrivacyOfficer@LeeHealth.org)