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# Notice of Privacy Practices

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**H. Lee Moffitt Cancer Center and Research Institute**

**Effective Date: November 22, 2016**

**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.**

**We are required by law to maintain the privacy of your protected health information and to provide you with a copy of this notice which describes our legal duties and privacy practices concerning your protected health information. Protected health information is generally health information that may reveal your identity. A copy of our current notice is posted in our patient entrance areas. You can obtain an additional copy by accessing our website at [www.moffitt.org](http://www.moffitt.org), calling the Patient Relations Office at (813) 745-3808, or asking for one at the time of your next visit.**

***Unless specifically noted in this notice, if you have any questions about this notice or would like further information, please contact the Patient Relations Office in writing at 12902 Magnolia Drive/MCC-PTREL, Tampa, Florida 33612-9497, by phone at (813) 745-3808, or by e-mail to [patientrelations@moffitt.org](mailto:patientrelations@moffitt.org).***

## I. WHO WILL FOLLOW THIS NOTICE?

For the purposes of this notice, the term “Cancer Center” includes various persons and entities that provide your health care, treatment and related services under an *organized health care arrangement*. These various persons and entities will share your protected health information as necessary to carry out the treatment, payment and health care operations of the organized health care arrangement. The privacy practices of the Cancer Center described in this notice will be followed by:

All employees, physicians, medical staff and faculty, trainees, medical and nursing students, interns, residents and fellows, volunteers and other health care providers of the H. Lee Moffitt Cancer Center and Research Institute, Inc., the H. Lee Moffitt Cancer Center and Research Institute Hospital, Inc. (“Hospital”), the H. Lee Moffitt Cancer Center and Research Institute Lifetime Cancer Screening Center, Inc. (“Moffitt Medical Group”), the University of South Florida College of Medicine, the University of South Florida College of Nursing, the University of South Florida Physicians Group, the University Medical Service Association and the University of South Florida Medical Services Support Corporation who participate in the services provided to you as part of this organized health care arrangement.

All workforce of the organized health care arrangement providing services at the facilities of the Hospital.

Collectively, all of those persons and entities are referred to throughout this notice as the “Cancer Center,” “we,” “us” and “our.”

## II. GENERAL INFORMATION

**How To Obtain A Copy Of This Notice.** You have the right to a paper copy of this notice. To request a paper copy at any time, please call the Patient Relations Office. You may also obtain a copy of this notice from our web site at [www.moffitt.org](http://www.moffitt.org), or by requesting a copy at your next visit.

**How To Obtain A Copy Of Revised Notice.** We may change or update our privacy practices from time to time. If we do, we will revise this notice, but will not necessarily contact you regarding the revised practices. The revised notice will apply to all of your health information. We will post any revised notice in the Cancer Center’s patient entrance areas. You will also be able to obtain a copy of the revised notice by accessing our web site at [www.moffitt.org](http://www.moffitt.org), calling the Patient Relations Office, or asking for one at the time of your next visit. The effective date of the notice will be noted in the top of the first page. We are required by law to abide by the terms of the notice that is currently in effect.

**How To File A Complaint.** 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 with us, please contact the Patient Relations Office. *No one will retaliate or take action against you for filing a complaint.*

**How Someone May Act On Your Behalf.** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. For instance, you may designate a *health care surrogate* under Florida law to make certain health care decisions on your behalf, including decisions related to your health care information. For information on how to name a personal representative, please contact the Patient Relations Office.

**Special Protections for Mental Health, Substance Abuse or HIV Information.** Special privacy protections apply to mental health, substance abuse or AIDS/HIV related information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your records involve such information, they will be handled, used and disclosed only as permitted by law.

## III. WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of protected health information we gather about you while providing health care-related services. Your protected health information is generally information related

to your treatment at the Cancer Center that includes demographic information (such as your name or address); unique numbers that may identify you (such as your Social Security number); and other types of information that may identify who you are. Some examples of protected health information include:

- Information indicating that you are a patient at the Cancer Center;
- Information about your health condition;
- Information about health care products or services you have received or may receive; or
- Information about your health care benefits under an insurance plan

When combined with:

- Demographic information (such as your name, address or insurance status);
- Unique numbers that may identify you (such as your Social Security number, your phone number, or your driver's license number); and
- Other types of information that may identify who you are.

#### IV. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**Requirement For Written Authorization.** The Cancer Center can use or disclose your health information as part of its treatment, payment or health care operations activities, which are described in more detail below. No specific authorization from you is required for such uses or disclosures. However, except in the situations and exceptions described in this notice, we will need to obtain your written authorization before using or disclosing your protected health information for other purposes or for sharing it with others outside the Cancer Center. For example, except as otherwise set forth under State and Federal law, we must obtain your written authorization for most uses or disclosures of our psychotherapy notes related to you, for the use or disclosure of your protected health information for marketing purposes, or for the sale of your protected health information.

You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Director of Health Information Management at 12902 Magnolia Drive, Tampa, Florida, 33612-9497.

**Exceptions To Written Authorization Requirement.** There are some situations when we do not need your written authorization before using your health information or disclosing it to others. These exceptions are:

##### 1. TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

*We may use your information or share it with others in order to treat your condition, obtain payment for that treatment, and run the Cancer Center's business operations. We may also disclose your information for the treatment and payment activities of another health care provider who participated in your treatment or a payor with whom you have a relationship. In some cases, we may disclose your protected health information for the business operations of another health care provider that participated in your treatment or a payor with whom you have a relationship. Below are examples of how your information may be used and disclosed for these purposes.*

**Treatment.** We may share your health information with doctors, nurses or other staff at the Cancer Center who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at the Cancer Center may share your health information with another doctor inside the Cancer Center, or with a doctor at another facility, your primary care physician, or the doctor that referred you to the Cancer Center to determine how to diagnose or treat you or to continue your further health care.

**Payment.** We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company. We might also need to inform your health insurance company about your health condition in

order to obtain pre-approval for your treatment. We may share your information with other health care providers and payors for their payment activities if they have participated in providing you a service.

**Health Care Operations.** We may use your health information or share it with others that may not be directly involved in your care and treatment in order to conduct the Cancer Center's business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also combine information about many Cancer Center patients to decide what additional services we should offer. We may also disclose information to doctors, nurses, students, and other persons for educational purposes. Finally, we may share your health information for the business operations of other health care providers and payors if the information is related to a relationship the provider or payor has with you.

**Health Information Exchange.** We may participate in one or more Health Information Exchanges ("HIE") that allow us to share information that we obtain or create about you with other health care providers or other health care entities, as permitted by law. For example, information about your past medical care and current medical conditions and medications can be available to us or to your other health care providers who provide you care if they participate in the same HIE. Exchange of health information can provide faster access, better coordination of care and assist providers in making more informed decisions. You must authorize the Cancer Center to include your health information in the HIE.

**Business Associates.** We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us in treating you, with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment or with an accounting or law firm that provides professional advice to us. We will only share your information with business associates who have agreed to keep your information private and confidential.

**Fund Raising.** We or our related charitable foundation may use demographic information about you, including information about your age, date of birth, and gender, where you live or work, and the dates that you received treatment, in order to contact you to raise funds in support of our Mission: To contribute to the prevention and cure of cancer. We will obtain your consent prior to sharing information about you to our related charitable foundation, the H. Lee Moffitt Cancer Center & Research Institute Foundation, Inc. You may choose to opt out of future fund raising by contacting the Foundation Director at 12902 Magnolia Drive, Tampa, Florida, 33612-9497 or (813) 745-1403.

**Appointment Reminders, Treatment Alternatives, Benefits And Services.** In the course of providing healthcare services to you, we may use your health information to contact you with a reminder that you have an appointment at the Cancer Center. Communications such as newsletters or announcements of support group activity or educational services provided by the Cancer Center may be sent to you. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. You may opt out of receiving certain communications by contacting our Patient Relations Office.

## **2. PATIENT DIRECTORY/PERSONS INVOLVED IN YOUR CARE**

*We may disclose your location in our facilities in our Patient Directory, or share your health information with family, friends, and other persons involved in your care. We will give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will use our best efforts to follow your wishes unless we are required by law to do otherwise.*

**Patient Directory.** Unless you object, when you are admitted for inpatient or surgical care and/or treatment we will include your name and your location in our facility in our Patient Directory. This directory information may 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 or she does not ask for you by name. If you choose to not be listed in our Patient Directory, your friends, family and others may not be able to locate you, such as for the delivery of flowers or forwarding of phone calls. If you are visiting the Cancer Center for outpatient services, our front desk may provide your appointment location information to assist you in reaching your appointment destination.

**Family, Friends And Other Persons Involved In Your Care.** We may share your health information with a family member, relative, close personal friend, or other person identified by you, who is involved in your care or responsible for payment for that care, but only that portion of your health information relevant to that person's involvement with your care. We may also notify a family member, personal representative or another person responsible for your care about your location and condition here at the Cancer Center. If you are present, or otherwise available, we will give you the opportunity to object to such uses and disclosures of your health information. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

### **3. PUBLIC NEED**

*We may use your health information, and share it with others, in order to comply with State or Federal laws, licensure, accreditation or regulatory requirements, or to meet important public needs.*

**Uses And Disclosures Required By Law.** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability, such as the Florida Department of Health or the United States Center for Disease Control, or for other permitted public health purposes.

**Victims Of Abuse, Neglect Or Domestic Violence.** We may disclose your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. We may make an effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Health Oversight, Licensing, Accreditation And Regulatory Activities.** We may disclose your health information to health oversight agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, the licensing of hospitals and health care providers in Florida (Agency for Health Care Administration), government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws. We may also disclose your information to any accrediting body, such as the Joint Commission for the Accreditation of Health Care Organizations.

**Product Monitoring, Repair And Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**Lawsuits And Disputes.** We may disclose your health information if we are ordered to do so by a court or an administrative hearing officer that is handling a lawsuit or other dispute or provided with a valid subpoena.

**Law Enforcement.** We may disclose your identity and your other protected health information to law enforcement officials for the following purposes:

- To comply with court orders or as required by law;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interest;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or

- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

**To Avert A Serious And Imminent Threat To Health Or Safety.** We may use or disclose your health information when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only disclose your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody.

**National Security And Intelligence Activities Or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President of the United States or other officials.

**Military And Veterans.** If you are a military personnel, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission.

**Inmates And Correctional Institutions.** If you are an inmate or you are in the lawful custody of a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes disclosing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Workers' Compensation.** We may disclose your health information as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or similar programs that provide benefits for work-related injuries.

**Coroners, Medical Examiners And Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also disclose this information to funeral directors as necessary to carry out their duties.

**Organ And Tissue Donation.** We may disclose your health information to organizations that procure or store organs, eyes or tissue so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Research.** In most cases, we will ask for your written authorization before using your health information or disclosing it to others in order to conduct research. However, under some circumstances, we may use or disclose your health information without your written authorization if we obtain approval through a special process to ensure that the research poses minimal risk to your privacy. We may also use or disclose your health information without your written authorization to prepare a future research project or to determine if you are eligible to participate in a research study. If you are eligible for participation in a study, we may contact you to discuss your potential participation. In the unfortunate event of your death, we may use or disclose your health information with people who are conducting research using the information of deceased persons.

#### **4. DE-IDENTIFIED INFORMATION**

We may use and disclose your health information if we have removed all information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you for public health purposes, research purposes, or for health care operations activity, if the person who will receive the information signs an agreement to protect the privacy of the information as required by law. Partially de-identified health information will not contain information that would directly identify you, such as your name, street address, Social Security number or phone number.

#### **5. INCIDENTAL DISCLOSURES**

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during, or as an unavoidable result of, our otherwise

permissible uses or disclosures of your health information (for example, calling your name in a waiting room during an appointment).

## **V. YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

*You have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is complete and accurate. They may also help you control the way we use your information and disclose it to others, or the way we communicate with you about your treatment and care.*

### **1. RIGHT TO INSPECT AND COPY RECORDS**

You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. To inspect or obtain a copy of your health information, please write to the Director of Health Information Management, 12902 Magnolia Drive, Tampa, Florida, 33612-9497. You should request an Access Request Form. When completing the form, your request should state the specific requested information and the time period to which it relates. Should you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request.

We will ordinarily respond to your request within 30 days. Should we need additional time to respond, we will notify you to explain the reason for the delay and to provide a time frame for when you can expect an answer to your request.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your information, for example, during your participation in a research study. If we deny your request, we will provide a written denial notice that identifies our reasons for the denial, explains your rights to have that decision reviewed and how you can exercise those rights, and includes information on how to file a complaint about these issues with us or with the United States Department of Health and Human Services.

### **2. RIGHT TO AMEND RECORDS**

If you believe that the health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information as long as the information is kept in our records. To request an amendment, please write to the Director of Health Information Management, 12902 Magnolia Drive, Tampa, Florida, 33612-9497. You should request a Medical Record Correction/Amendment Form. When completing the form, you should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing to explain the reason for the delay and when you can expect to have a final answer to your request.

Should we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision to deny an amendment, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the United States Department of Health and Human Services.

### **3. RIGHT TO AN ACCOUNTING OF DISCLOSURES**

We will notify you following any breaches of your unsecured protected health information, such as when your protected health information has been used, disclosed or accessed in violation of this notice and Federal law. However, you also have a right to request and receive an accounting of disclosures of your protected health information in the six years prior to the date on which the accounting is requested. The accounting will identify certain other persons or organizations to whom we have disclosed your health information. Any accounting includes only disclosures, and will not include uses of your information.

In addition, an accounting of disclosures does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;

- Disclosures we made after obtaining your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made from the patient directory;
- Disclosures made to persons involved in your care or payment for your care, or for other notification purposes;
- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures for purposes of research, public health or our business operations where your protected health information has been partially de-identified so that it does not directly identify you;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officers about individuals in their lawful custody;
- Disclosures made before April 14, 2003; or
- Disclosures for certain research purposes as permitted by law.

To request an accounting of disclosures, please write to the Director of Health Information Management, 12902 Magnolia Drive, Tampa, Florida, 33612-9497. You should request an Accounting Request Form. When completing the form, your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. You have a right to receive one accounting within every 12-month period at no cost. However, we may charge you for the cost of providing any additional accountings.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. We may delay providing you with an accounting without notifying you if a law enforcement official or government agency asks us to do so.

#### **4. RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTIONS**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our or another health care entities business operations. You may also request that we limit how we disclose information about you to persons involved in your care. To request restrictions, please write to the Director of Health Information Management, 12902 Magnolia Drive, Tampa, Florida, 33612-9497. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we disclose it to others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, except we will comply with your requested restriction relating to disclosure of your protected health information to your health insurance company or similar payor for the purposes of payment or health care operations that have already been paid out-of-pocket in full by you or by someone else on your behalf. Further, in some cases, the restriction you request may not be permitted under law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction. We will notify you when doing so.

#### **5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. We will accommodate reasonable requests. It is critical, however, that we have the ability to reach you by telephone. You may request a confidential communication in the Admitting/Registration department at your next visit, or you may make your request in writing to the Patient Relations Office. Please specify in your request how or where you wish to be contacted and how payment for your health care will be handled if we communicate with you through this alternative method or location.