

Notice of Privacy Practices

Baptist Health South Florida Health Plans



**Baptist Health
South Florida**

Healthcare that Cares

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.

Effective Date: April 15, 2019

When this notice applies

This notice summarizes the privacy practices of the HIPAA covered benefits under the Baptist Health South Florida Welfare Benefit Plan (the “Welfare Plan”), and the Baptist Health South Florida Wellness Program the “Wellness Program”; hereinafter the above are collectively referred to as “the Health Plans” or “the Plans”. Please note that not all of the Health Plans are sponsored by Baptist Health South Florida (sometimes referred to as “Baptist Health South Florida” or “Baptist Health”). Some of the Health Plans are sponsored by acquired companies of Baptist Health South Florida. This notice informs you how the Health Plans may use and disclose health information about you for purposes described in this notice, including disclosures to the Plans’ sponsor (and for health plans of acquired companies not sponsored by Baptist Health South Florida to Baptist Health South Florida) that may be necessary for the Health Plans’ administration purposes. HIPAA privacy rules require the Plans to establish policies and procedures for safeguarding a category of medical information called “protected health information,” received, created, transmitted or maintained in the course of administering the Plans. This is health information that can be used to identify you and that relates to your physical or mental health condition, the provision of healthcare to you or payment for your healthcare.

This notice applies only to health-related information received by or on behalf of the Plans. If the Plans’ sponsor (and Baptist Health South Florida for Health Plans not sponsored by Baptist Health South Florida) obtains your health information in another way — for example, if you are hurt in a work accident or if you provide medical records with your request for leave under the Family and Medical Leave Act — then this notice does not apply, but the Plans’ sponsor (and Baptist Health South Florida for Health Plans not sponsored by Baptist Health South Florida,) will safeguard that information in accordance with other applicable laws and policies. Similarly, health information obtained in connection with a non-Plan benefit, such as long-term disability or life insurance, is not protected under this notice. This notice also does not apply to information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

The Health Plans’ obligations

We have a long-standing commitment to protect the privacy rights of our Health Plans’ enrollees. In keeping with this commitment, and as required by law, we will

- Maintain the confidentiality of your health information;
- Notify you of certain breaches of your health information;
- Give you this notice of the Health Plans’ duties and privacy practices regarding your health information; and
- Follow the terms of the Health Plans’ notice of privacy practices that are currently in effect.

Participation of the Health Plans in an organized healthcare arrangement and sharing information with Baptist Health Quality Network:

In understanding how your information may be used and shared by healthcare practitioners involved in your care, it is important to understand the relationships that may exist among the Health Plans, and the healthcare facilities and practitioners involved in your care.

Federal privacy laws allow the healthcare providers and entities that collaborate to provide and manage a common group of individuals’ healthcare to become members of an organized healthcare arrangement (an “OHCA”). The members of an OHCA are permitted to make uses and disclosures of your health information for purposes of treatment, payment and healthcare operations.

The Health Plans are part of an OHCA with the following healthcare providers and entities:

- Baptist Health and its affiliates (e.g., its hospitals, clinics and physician practices)
- Healthcare practitioners who are employed by Baptist Health (or its affiliates)
- Healthcare practitioners who are not employed by Baptist Health (or its affiliates) but who perform healthcare services at Baptist Health (collectively the Baptist Health employed and non-employed physicians are referred to as “BHQN physicians”)
- In-network and out-of-network physicians for the Welfare Plan, who are not BHQN physicians

The members of the OHCA may share information within the OHCA and its membership, or with certain entities that they have engaged to assist them with their treatment, payment and healthcare operations activities like the Baptist Health Quality Network (the “BHQN”), which is a collaboration between Baptist

Health and BHQN physicians. The BHQN's Care Management Team has been engaged by members of the OHCA to perform certain joint quality improvement activities designed to improve the quality of healthcare, streamline medical services and perform healthcare operations activities on behalf of the Health Plans, and will receive and use the shared information for these purposes. In addition, information you provide in your Health Risk Assessment ("HRA") and/or obtained from biometric screenings, as well as your other information obtained as part of your participation in Wellness Programs, will be reviewed along with your medical claims information for care received through the Health Plan (except for claims involving sensitive diagnosis, in accordance with applicable law), for purposes of other healthcare operation activities like providing programs to improve the health and wellness of the Welfare Plan members, and administering and managing the Welfare Plan. For more information about Baptist Health Quality Network, please visit BaptistHealthQualityNetwork.net or email BHQN@BaptistHealth.net. This Notice of Privacy Practices does not cover physicians and their services; physicians are required to have their own notices. Membership in the organized healthcare arrangement does not alter the independent status of the members, nor does it create joint responsibility for the clinical services provided by any such members.

How the Health Plans may use and disclose Enrollee Health Information:

The following categories of activities describe the ways that the Health Plans may use and disclose health information that identifies you ("Enrollee Health Information"). Some of the categories include examples, but not every type of use or disclosure is listed. Except for the purposes described below, the Health Plans will use and disclose Enrollee Health Information only with written permission from you. The Health Plans generally will not use or disclose Enrollee Health Information for marketing purposes in exchange for remuneration, or information that includes psychotherapy notes, unless the Health Plans have received your written permission. The Health Plans will not use or disclose your genetic information for underwriting purposes. If you give the Health Plans permission to use or disclose Enrollee Health Information for a purpose not listed in this notice, you may revoke that permission at any time by sending a written request to the Health Plans' Chief Privacy Officer at the address listed at the end of this notice.

a) For treatment. The Health Plans may use or disclose Enrollee Health Information to aid in your treatment or to provide or coordinate your healthcare services. The Health Plans may disclose Enrollee Health Information to doctors, nurses, technicians or other personnel. For example, the Health Plans may tell your primary care physician about care provided to you by a specialist to provide you with additional services as appropriate for treatment purposes. Also, for example, your Welfare Plan claims for care received through a BHQN physicians, in-network physician and out-of-

network physician (except for claims involving sensitive diagnosis, in accordance with applicable law) along with information obtained from the Wellness Program will be combined and used by the BHQN Care Management Team to reach out to you and/or your physician to inform you and/or your physician about information related to your health.

b) For payment. The Health Plans may use and disclose Enrollee Health Information so that the Health Plans may make coverage and payment determinations. Such determinations include, but are not limited to, billing, claims management, subrogation, reimbursements, medical necessity determinations and utilization review determinations. For example, the Health Plans may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plans.

c) For healthcare operations. The Health Plans may use and disclose Enrollee Health Information for healthcare operations, which are administrative activities involved in providing and managing your health benefits. These uses and disclosures are necessary to maintain high-quality care under the Health Plans and for the proper administration of the Plans. For example, the Health Plans may use Enrollee Health Information to review the adequacy and quality of care participants receive, to evaluate the efficiency of the Health Plans' activities or to provide disease management, care coordination and wellness programs to the Plans' participants. Also, for example, your Welfare Plan claims for care received through a BHQN physicians, in-network physician and out-of-network physician (except for claims involving sensitive diagnosis, in accordance with applicable law) along with information obtained from the Wellness Program will be combined and used by the BHQN Care Management Team in conducting quality assessment and improvement activities, based on criteria defined by the team's care management algorithms. For example, if you participate in an HRA and/or biometric screening, the details of some of that information will be shared with the BHQN Care Management Team for purposes of population-based healthcare activities, based on criteria defined by the team's care management algorithms.

d) To individuals involved in your care or payment for your care. The Health Plans may disclose Enrollee Health Information to a person, such as a family member or friend, who is involved in your medical care or who helps pay for your care, to the extent you have agreed to such disclosure or failed to object to such disclosure when given an opportunity. The Health Plans also may notify such individuals about your location and/or general condition, as well as disclose such information to an entity assisting in a disaster relief effort.

e) To Health Plans administrators for Health Plans' administration functions. The Health Plans may disclose Enrollee Health Information to certain designated entities and/or individuals to which the Health Plans have delegated certain Health Plans' administrative functions in connection with these functions. For example, the employees in the Benefits department will see Enrollee

Health Information to perform their duties and responsibilities, including administering the Wellness Program incentives. Also for example, the Quality Network Care Management Team will review data obtained through Welfare Plan claims and the Wellness Program to suggest ideas to improve your health and/or reduce healthcare costs of the Health Plans. Enrollee Health Information will also be shared with these Quality Network Care Management Team employees for quality assessment and improvement activities.

f) For Research. Under certain circumstances, the Health Plans may use and disclose Enrollee Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all enrollees who received one medication or treatment to those who received another, for the same condition. Before the Health Plans may use or disclose Enrollee Health Information for research, the project will go through a special approval process. This process evaluates a proposed research project and its use of Enrollee Health Information to balance the benefits of research with the need for privacy of Enrollee Health Information. Even without special approval, the Health Plans may permit researchers to look at records to help them identify enrollees who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Enrollee Health Information with them.

g) Disclosure to Baptist Health South Florida as a Plans' sponsor (and for health plans not sponsored by Baptist Health South Florida to Baptist Health South Florida). The Health Plans may disclose Enrollee Health Information to the Health Plans' sponsor (and for health plans not sponsored by Baptist Health South Florida to Baptist Health South Florida) to the extent necessary to fulfill its administrative functions to the Health Plans. The Health Plans' sponsor (and for health plans not sponsored by Baptist Health South Florida, that plan's sponsor) cannot use your Enrollee Health Information obtained from the Plans for any employment-related actions. In addition, the Welfare Plan's sponsor (and for health plans not sponsored by Baptist Health South Florida, Baptist Health South Florida) may use or disclose "summary health information" for purposes of obtaining premium bids or modifying, amending or terminating the Welfare Plan. "Summary health information" is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Welfare Plan (and for health plans not sponsored by Baptist Health South Florida, that health plan) provides benefits and from which the individual identifying information has been deleted. The Welfare Plan's sponsor (and for health plans not sponsored by Baptist Health South Florida, Baptist Health South Florida) also may use or disclose the Welfare Plan's eligibility and enrollment information — for example, for payroll processing.

Special Circumstances:

In addition to the above, the Health Plans may use and disclose Enrollee Health Information in the following special circumstances:

- a) As required by law.** The Health Plans will disclose Enrollee Health Information when required to do so by international, federal, state or local law.
- b) To avert a serious threat to health or safety.** The Health Plans may use and disclose Enrollee Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.
- c) Business associates.** The Health Plans may disclose Enrollee Health Information to the business associates the Health Plans engage to provide services on its behalf if the information is necessary for such functions or services. For example, the Welfare Plan has delegated the administration of the Health FSA Plan and Limited Purpose Health FSA Plan to an outside vendor, and it must disclose to the outside vendor the information that it needs in order to perform these administrative functions. For example, the Health Plans may use another company to perform billing and/or healthcare operations services on their behalf. All of the Health Plans' business associates are obligated, under contract with the Health Plans, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the contract.
- d) Organ and tissue donation.** If you are an organ donor, the Welfare Plan may release Enrollee Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- e) Military and veterans.** If you are a member of the armed forces, the Health Plans may release Enrollee Health Information as required by military command authorities. The Health Plans also may release Enrollee Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- f) Workers' compensation.** The Health Plans may disclose Enrollee Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- g) Public health risks.** The Health Plans may disclose Enrollee Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or who may be at risk

for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. The Health Plans also may release Enrollee Health Information to an appropriate government authority if the Health Plans believe an enrollee has been the victim of abuse, neglect or domestic violence; however, the Health Plans will release this information only if the enrollee agrees or when the Health Plans are required or authorized by law.

h) Health oversight activities. The Health Plans may disclose Enrollee Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure of the Health Plans' facilities and providers. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

i) Lawsuits and disputes. If you are involved in a lawsuit or a dispute, the Health Plans may disclose Enrollee Health Information in response to a court or administrative order. The Health Plans also may disclose Enrollee Health Information 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.

j) Law enforcement. The Health Plans may release Enrollee Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, the Health Plans are unable to obtain the person's agreement; (4) about a death the Health Plans believe may be the result of criminal conduct; (5) about criminal conduct on Baptist Health premises; and (6) 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.

k) Medical examiners and funeral directors. The Health Plans may release Enrollee 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. The Health Plans also may release Enrollee Health Information to funeral directors as necessary for their duties.

l) National security and intelligence activities. The Health Plans may release Enrollee Health Information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

m) Protective services for the president and others. The Health Plans may disclose Enrollee Health Information 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.

n) Inmates or individuals in custody. In the case of inmates of a correctional institution or individuals who are under the custody of a law enforcement official, the Health Plans may release Enrollee Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with healthcare; (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.

Notice regarding Wellness Program

The Baptist Health Wellness Program is voluntary and available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, among others. If you choose to participate in the Wellness Program you will be asked to complete a voluntary HRA that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You will also be asked to complete a biometric screening, which may for example include a blood test for glucose and cholesterol, a test of your blood pressure and measurement of your height and weight. You are not required to complete the HRA and/or to participate in the biometric screening or other medical examinations, or the other wellness related activities, however if you do not, you will not be eligible for the incentives.

The Wellness Program compiles, maintains and reviews this Wellness Program data. The BHQN Care Management team then receives and combines the Wellness Program data with other data (i.e., medical and claims information) for further review and analysis. This information will be used to assist members of the OHCA in managing the care of the Welfare Program members, and the administration of the Wellness Program. For example, this information can be used to help you understand your current health and potential risks, suggest ideas to improve your health, conduct population-based healthcare, contact you or your healthcare provider for purposes of suggesting health improvement activities and/or reduce healthcare costs of the Health Plans. You also are encouraged to share your results or concerns with your own doctor.

Protections from disclosure of medical information

We are required by law to maintain the privacy and security of your protected health information. Although the Health Plans and Baptist Health may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Plans, other than to those employees mentioned above and for the purposes spelled out in this notice and/or an authorization, will never disclose any of your personal information either publicly or to the employer, except under limited circumstances, for example, as necessary to respond to a

request from you for a reasonable accommodation needed to participate in the Wellness Program, or as expressly permitted by law. Protected health information that is provided in connection with the Health Plans will not be provided to your colleagues, supervisors or managers, except in the case where you are a Wellness Advantage or BHQN Care Management Team employee, and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Health Plans, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Health Plans or receiving an incentive.

In addition, all medical information obtained through the Health Plans will be maintained separate from your personnel records and stored electronically. All information collected by Wellness Advantage is completely confidential and protected under HIPAA. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the Health Plans, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Health Plans, nor may you be subjected to retaliation if you choose not to participate.

Your rights:

You have the following rights, subject to certain limitations, regarding Enrollee Health Information that the Health Plans maintain about you:

- a) Right to inspect and copy.** You have the right to inspect and copy Enrollee Health Information that may be used to make decisions about your care or payment for your care.
- b) Right to amend.** If you feel the Enrollee Health Information the Health Plans have is incorrect or incomplete, you may ask the Health Plans to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plans. You must tell us the reason for your request.
- c) Right to an accounting of disclosures.** You have the right to request an accounting of certain disclosures of Enrollee Health Information that the Health Plans have made.
- d) Right to request restrictions.** You have the right to request a restriction or limitation on the Enrollee Health Information the Health Plans use or disclose for treatment, payment or healthcare operations. You have the right to request a limit on the Enrollee Health Information the Health Plans disclose about you to someone who is not involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Health Plans not share information about your surgery with your

spouse. The Health Plans are not required to agree to your request. If the Health Plans agree to your request, the Health Plans will comply with your request unless the Health Plans need to use the information in certain emergency treatment situations.

e) Right to request confidential communications. You have the right to request that the Health Plans communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Health Plans contact you only by mail or at work. Your request must specify how or where you wish to be contacted. The Health Plans will accommodate reasonable requests in which a disclosure of all or part of the Enrollee Health Information could endanger you.

f) Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at the Baptist Health Internet website, BaptistHealth.net, or on the Baptist Health Intranet.

g) Personal representatives. You may exercise your rights through a personal representative, who will be required by the Plans to produce evidence of his or her authority, under applicable state law, to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or, if you are the parent, of a minor child. The Plans reserve the right to deny access to your personal representative.

How to exercise your rights:

To exercise your rights as described in this notice (other than to obtain a copy of this notice), you must send a request, in writing, to the Health Plans' Chief Privacy Officer at the following address:

Baptist Health South Florida
Attn: Health Plans' Chief Privacy Officer
6855 Red Road, Suite 200 Coral Gables, FL 33143
or email your request to Privacy@BaptistHealth.net.

No other person, including a Human Resources employee, is authorized to accept a request to exercise your rights.

Changes to this notice:

The Health Plans reserve the right to change this notice. The Health Plans reserve the right to make the revised or changed notice effective for Enrollee Health Information the Health Plans already have, as well as any information the Health Plans receive in the future. The Health Plans will post a copy of the current notice on the Baptist Health Internet website, BaptistHealth.net, the Baptist Health Intranet and on various Human Resources bulletin boards where other employee notices are posted. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints and questions:

If you believe your privacy rights have been violated, you may file a complaint with the Health Plans, contact the Health Plans' Chief Privacy Officer at the address listed above, or via email at Privacy@BaptistHealth.net. All complaints must be made in writing. You will not be penalized for filing a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

If you have any questions about this notice, please contact the Health Plans' Chief Privacy Officer at 786-596-8850 or toll-free at 866-33-HIPAA (334-4722).

Baptist Health South Florida complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-596-8850.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 786-596-8850.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số. 786-596-8850

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 786-596-8850.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 786-596-8850。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 786-596-8850.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 786-596-8850.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 786-596-8850.

تھو غللا مدعاس ملا تامدخ ناف، غللا ركذا شدحتت تنك اذا: عظوحلم
786-596-8850 مقرب لصتا. اناجملاب لكل رفاوتت

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 786-596-8850.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 786-596-8850.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 786-596-8850.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 786-596-8850.

සුචනා: ඔබ තම ඉගැන්වීම් ඔබගේ දේ, ටෝ නි:ශුචුඝ භාෂා සඳහා
සි වාච්චි තමාලා මාදි ඉවහඹුච ච. දින දින 786-596-8850.

เรียน: ถัดคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้
ฟรี โทร 786-596-8850.



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BaptistHealth.net