

Lee Memorial Health System Statement of Privacy Notice.....

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.

- LMHS is structured as an organized healthcare 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 Healthcare Operations.
- Your protected health information may be released to other healthcare professionals within LMHS or other covered entities for the purpose of providing you with quality healthcare. LMHS 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 LMHS receiving payment for providing you with needed healthcare services. LMHS 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 healthcare operations. LMHS might share your health information to perform evaluation of our quality of services provided to you during your stay. LMHS 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 healthcare 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. LMHS will only release your religious affiliation to clergy. LMHS will provide you the opportunity to prohibit disclosure to our facility directories unless emergency circumstances prevent your opportunity to object.
- Your protected health information may be released only after receiving written authorization from you other than those listed above or for treatment, payment or healthcare 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. LMHS 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 LMHS in accordance with our policy and protocol for protecting the patient's privacy. In most cases, LMHS will have the opportunity to obtain your written authorization before any information is shared for research purposes.
- You may be contacted by LMHS by phone or mail (or leave a message on an automated answering device) to remind you of appointments, pre-schedule 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 alternative communication method at time you are seen at LMHS. LMHS will honor all reasonable requests.

**LEE MEMORIAL
HEALTH SYSTEM**



- You may be contacted by LMHS by phone or mail to offer healthcare treatment options or other health services that may be of interest to you. LMHS will provide in its marketing material information on how to opt out of receiving future marketing communications.
- You may be contacted by LMHS for the purposes of raising funds to support the operations of LMHS. LMHS will provide in its fundraising material 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, LMHS may choose to refuse your restriction if it is in conflict with providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status. LMHS 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. LMHS 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, LMHS 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. LMHS 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, Healthcare Operations, and other activities or those disclosures directly authorized by you. LMHS requires that the request for accounting of the disclosures be in writing to the Patient Information Privacy Officer listed below.
- 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.

- LMHS 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.
- LMHS will abide by the terms of the notice, currently in effect. LMHS reserves 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 Memorial Health System Internet web site, www.leememorial.org, and may be redistributed at your next visit to LMHS.
- You have the right to complain to LMHS 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 MEMORIAL HEALTH SYSTEM
ATTN: PATIENT INFORMATION PRIVACY OFFICER
HEALTH INFORMATION MANAGEMENT
2776 CLEVELAND AVENUE
FT. MYERS, FL 33901**

- All complaints will be investigated. No personal issue will be raised for filing a complaint with Lee Memorial Health System.
- 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 MEMORIAL HEALTH SYSTEM
PATIENT INFORMATION PRIVACY OFFICER
2776 CLEVELAND AVENUE
FT. MYERS, FL 33901
239-334-5444
OR E-MAIL TO:
PRIVACYOFFICER@LEEMEMORIAL.ORG**

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