

- I. Authorization for Medical Care.** I voluntarily consent to any Medical Care that may be considered necessary and/or advisable in the judgment of my Healthcare Provider. I understand that my Healthcare Provider is an employee or agent of USF Health. I also understand that my Healthcare Provider will be providing Medical Care to me in a healthcare teaching and research setting. Therefore, my Medical Care may be provided by residents and/or fellows under appropriate supervision and may be observed, and in some instances aided, by students under appropriate supervision. I understand that I have the right to refuse any Medical Care and I have the right to discuss all of my Medical Care with my Healthcare Provider.
- II. Authorization for Release of Information.** USF Health (through its employees, agents, affiliates or contracted copying services) may disclose my medical record and account information to:
- A. Any person or corporation which is or may be liable for all or any portion of my charges, including but not limited to insurance companies, health care service plans, and worker's compensation carriers to the extent necessary to determine insurance benefits, liability for payment and to obtain reimbursement.
 - B. Any referring physician to ensure continuity of my Medical Care.
 - C. Other Healthcare Providers within USF Health. USF Health maintains a single, combined medical record that includes all Medical Care provided to a patient by all Healthcare Providers across USF Health and each Healthcare Provider has access to this medical record.
- III. Health Information Exchanges.** I understand USF Health participates in one or more health information exchanges (HIEs) (currently known as "Care Everywhere"). Through Care Everywhere, USF Health is able to share information from my electronic medical record that may i

- C. **Self-Paying Patient (if applicable).** I have been informed that the USF Health does not have a contract to participate with my insurance plan or HMO, and/or the requested Medical Care has not been authorized by my insurance plan/HMO, as applicable. I am requesting Medical Care as a fee-for-service, self-paying patient. I agree that I am responsible for all charges incurred as a result of this visit, including but not limited to all medical/surgical professional services, laboratory, radiological, and any other ancillary services. I agree to pay the costs of collection including reasonable attorney's fees in the event of legal action to collect this account.
- D. **Services rendered at USF Student Health Services (if applicable).** I understand that payment for services not covered by health fee or health insurance is my responsibility. **Students Only:** If I am unable to pay, I understand

JOINT NOTICE OF PRIVACY PRACTICES AND OF ORGANIZED HEALTH CARE ARRANGEMENTS

This notice (Notice) FGGFDUJWF /PWFNCFS

Communication with Family Members and Friends: Unless you object, We may disclose PHI about you to a family member, relative or another person identified by you who is involved in your health care or payment for your health care. After your death, We may disclose PHI to a family member, relative or other person who was involved in your health care or payment as long as that disclosure is consistent with your prior expressed preferences. You have a right to withdraw your permission or restrict these disclosures at any time. If you are unavailable, incapacitated or it is an emergency or disaster relief situation, We will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

Appointment Reminders and Health-Related Benefits: We may use and disclose PHI to contact you via phone, email or text message as a reminder that you have an appointment for treatment and about health-related benefits or services that may be of interest to you.

Hospital Directory: Unless you object, TGH will include certain limited information about you in its hospital directory while you are a patient at TGH. This information may include your name, location in TGH, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy if he/she does not ask for you by name. You may request to be excluded from the directory by asking to be an "Anonymous" patient at admission or anytime during your hospital stay.

Fund Raising, Marketing, Sale of PHI: TGH or USF may use or disclose PHI to contact you to raise money for their interests. TGH and/or USF may share this information with the TGH Foundation, the USF Foundation, or their representatives to work on their behalf. You have the right to opt out of receiving such fundraising communications. Contact the Tampa General Foundation at (813) 844-3528 or foundation@tgh.org or University of South Florida Physicians Group, Clinical Operations Administration, 12901 North Bruce B. Downs Boulevard, MDC 33, Tampa, FL 33612, (813) 974-2201 or via email at usf.to/optout. We will not sell your PHI. We will not use or disclose your PHI for marketing purposes without your specific permission.

Research (Pertains to TGH and USF ONLY): USF is an academic research institution, and TGH is an academic research hospital. Support of research is included in the missions of USF and TGH. Your PHI may be used or disclosed for research purposes. Your medical record may be reviewed and data included in a research study in compliance with applicable federal and state laws. Your health information may be reviewed in preparation for research or to notify you about research studies in which your provider may consider you a candidate or which you might have interest. Your health information may be used or disclosed in a format that will not identify you.

Deceased Person Information: We may release your health information to a coroner, medical examiner or funeral director.

Specific Government Functions: We may release health information about you to authorized federal officials for intelligence, counter-intelligence, protection of the President and other authorized persons or foreign heads of state, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, We may release health information about you to the correctional official.

Shared Medical Record/Health Information Exchanges: We maintain PHI about you in shared electronic medical records that allow Us to share PHI. We may also participate in various electronic health information exchanges (HIE) that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange with Us, the exchange will allow Us to make your PHI available electronically to those who need it to treat you. You may choose to opt out of participating in the HIE; however, any PHI disclosed prior to your opting out of participating in an HIE will remain available.

Your Rights Regarding Health Information About You

You have the following rights regarding health information We maintain about you:

Right to Inspect and Receive a Copy: You have the right to inspect and receive a copy of health information that may be used to make decisions about your care. For PHI maintained in an electronic format, you can request an electronic copy of such information. If you request a copy of the information, We may charge a fee for the costs associated with providing the requested information in paper or electronic format. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to health information related to these limited circumstances, you may request that the denial be reviewed as per the review policy of the denying entity.

Right to Request an Amendment or Addendum: You have a right to request that We correct or update information that may be incorrect or incomplete. Your request must be in writing and include a reason that supports your request. If We deny your request, We will provide you with information about our denial and how you may request that the denial be reviewed as per the review policy.

Other Uses of Protected Health Information

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to Us will be made only with your written permission. If you provide Us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, We will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any disclosures We have already made with your permission, and We are required to retain our records of the care that We provide to you.

Incidental Disclosure

We make reasonable efforts to avoid incidental disclosures of your PHI. An example of an incidental disclosure is conversations that may be overheard between you and Our team members.

Contact TGH

To Request a Copy of Records, Amendment, Restrictions, or Confidential Communications:
TGH Health Information Management Dept., Attn: Director, P.O. Box 1289, Tampa, FL 33601, (813) 844-7525.

To Request an Accounting of Disclosure or a Paper Copy of this Notice, or to File a Complaint:
TGH Corporate Compliance & Privacy Dept., P.O. Box 1289, Tampa, FL 33601, (813) 844-4813 or Privacy@tgh.org.

Contact USF

To Request a Copy of Records:
USFPG Clinical Operations Health Information Management, Attn.: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

To Request an Amendment, Accounting of Disclosure, Restrictions, Confidential Communications or a Paper Copy of this Notice:
USF Health Clinical Operations Health Information Management, Attn.: HIM Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201 or (813) 974-9818; fax your written signed request to (813) 974-4280.

To File a Complaint:
USF Health Professional Integrity Office, 12901 North Bruce B. Downs Blvd., MDC 74, Tampa, FL 33612, (813) 974-2222.

Non-discrimination
TGH and USF Health do not discriminate on the basis of race, color, national origin, age, disability or sex.

TGH

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-813-844-7000.

French Creole (Haitian Creole)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-813-844-7000.

Vietnamese
1-813-844-7000.

Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-813-844-7000.

Chinese
1-813-844-7000.

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-813-844-7000.

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-813-844-7000.

Russian
1-813-844-7000.

1-813-844-7000

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-813-844-7000.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-813-844-7000.

Korean

1-813-844-7000

Polish

UWAGA: Je eli mówisz po polsku, mo esz skorzysta z bezp atnej pomocy j zykowej. Zadzwo pod numer 1-813-844-7000.

Gujarati

1-813-844-7000.

Thai

1-813-844-7000.

USF

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