



Program of All-Inclusive Care for the Elderly

PACE PARTNERS of Northeast Florida, Inc. 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 THIS NOTICE CAREFULLY.

PACE Partners of Northeast Florida, Inc. (“PACE Place”) creates and maintains a medical record in paper and electronic formats for the purpose of documenting the care provided to you.

The personal, financial, and protected health information in your medical record (collectively, “Health Information”) includes your medical, mental, family, and social histories, descriptions of medical treatment by PACE Partners and other health care providers, and personal and financial information which could be used to identify you.

This Notice of Privacy Practices (“Notice”) describes PACE Place Place’s responsibility to protect the privacy your Health Information and your rights, under federal and state law, to control your Health Information.

How PACE Place Protects Your Health Information

PACE Place is required, by law and the terms of this Notice, to:

- 1) Protect the privacy and security of the Health Information which PACE Place acquires from and about you;
- 2) Notify you in the event the privacy or security of your Health Information is breached; and
- 3) Provide a paper copy of this Notice to you.

Additionally, whenever PACE Place is authorized, permitted, or required to provide your Health Information to another person or entity, PACE Place endeavors to provide only the minimum information necessary to comply with the request (*for example, PACE Place provides only that amount, type, or category of information specifically requested, and does not provide any other information*).

PACE Place contracts with third parties to perform record keeping and other records services that may require access by those contractors to your Health Information. PACE Place requires those contactors to execute a Business Associate Agreement. The Business



Program of All-Inclusive Care for the Elderly

Associate Agreement requires the contractor to comply with applicable privacy and security standards and laws.

PACE Place does not disclose, sell, or give your Health Information to any person or entity who intends to use, or will use, it for marketing or selling goods or services to you.

PACE Place may allow or provide the Community Hospice of Northeast Florida Foundation for Caring, Inc. a not-for-profit fundraising foundation, access to participant and family contact information for the limited purpose of soliciting donations for the PACE Place. Community Hospice of Northeast Florida Foundation for Caring, Inc. correspondence should include instructions for how you and your family may opt-out of future foundation fundraising communications.

PACE Place will retain your Health Information for 10 years after the last entry after you are disenrolled from PACE Place. Your Health Information, unless subject to a pending request from governmental authority or court order, will then be destroyed in a manner that will render it unrecognizable.

The PACE Place medical record containing your Health Information is a single multidisciplinary record. PACE Place does not create psychotherapy notes, or substance abuse treatment records, however, psychotherapy notes or substance abuse treatment records are maintained as part of your comprehensive medical record. These types of Health Information will be included in PACE Place's response to an otherwise lawful request for your complete medical record unless you specifically and timely advise us in writing that you do not want specified information disclosed.

Your Rights to Access and to Control the Use and Disclosure of Your Health Information

You have the right, by submitting a written request to PACE Place, to:

- 1) **inspect, obtain a copy of, and correct your Health Information** (*PACE Place will respond to you or your designated representative within 30 days of your request, and will charge a reasonable, cost-based, fee for copying*);
- 2) **inspect, obtain a copy of and correct your claims records** (*PACE Place will respond to you or your designated representative within 30 days of your request, and will charge a reasonable, cost-based fee for copying*);
- 3) **receive communications regarding your Health Information in the manner you choose** (*for example, you may specify that you only want to be contacted at*



Program of All-Inclusive Care for the Elderly

- a specific e-mail address, telephone number, or street address, or request only an electronic copy of your Health Information);*
- 4) **receive an accounting of all disclosures (but not all uses) of your Health Information for six years prior to the date you ask** (*PACE Place may collect a reasonable cost-based fee for preparing a requested accounting*);
 - 5) **receive a paper copy of this Notice** even if you have received an electronic copy.
 - 6) **request a restriction on disclosure of your Health Information to a health plan** (*if you or someone on your behalf, other than the health plan, pay in full the charges due for your medical care then PACE Place will implement the requested restriction*);
 - 7) **request any other limitation or restriction on access and use of your Health Information.** Your request will be implemented by PACE Partners unless the request is one prohibited by law, or unless the circumstances would not allow PACE Place to agree to your request (*for example, you may request that your medical record contents or some specific portion of the record not be shared with a particular person or entity and, unless applicable law or circumstances prohibit it, PACE Place will implement your request*);
 - 8) **designate another person to receive a copy of your Health Information** by making and signing a written designation which clearly identifies your designee and where the copy should be sent;
 - 9) **object to being included in a directory of patients and restrict the disclosure of general information regarding your current condition as a patient, your current location, and contact information;** and
 - 10) **receive notification** you have the right to receive a notification from us in the event of any breach of your unsecured protected health information;
 - 11) **make a complaint**, if you believe PACE Place has violated your right to privacy under the terms of this Notice or under federal or state law. PACE Place is prohibited by law from retaliating against you for filing a complaint. Your complaint may be filed with PACE Place, the Secretary of Health and Human Services, or Florida Attorney General.



Program of All-Inclusive Care for the Elderly

Requests for Restrictions on Health Information, Questions, or Complaints

You may request copies of your Health Information, or place restrictions on the disclosure and use of your Health Information, or submit a question or a complaint regarding your rights under the terms of this Notice, to PACE Place:

PACE Place
ATTN: Quality Improvement Manager
5450 Ramona Boulevard
Jacksonville, Florida 32205
904-490-9159 – Direct Phone

You may also submit a complaint regarding your rights under the terms of this Notice to:

The U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

Or

Office of Attorney General
State of Florida
The Capitol PL-01
Tallahassee, FL 32399-1050
Florida Toll Free: 1-866-966-7226

Use and Disclosure of Your Health Information without Your Authorization

Federal and state law allows PACE Place to use and disclose your Health Information without your prior authorization, in order to:

- 1) **provide medical treatment and care to you including disclosing your protected health, personal, and financial information to other health care professionals who are treating you** (*for example, giving a home health aide your home address and clinical information so that the aide can provide professional home health care in your home*);
- 2) **conduct routine health care operations at PACE Place** (*for example, using your clinical information to evaluate the quality of care and develop best practices at PACE Place*); and



Program of All-Inclusive Care for the Elderly

- 3) **bill for the services we provide to you** (*for example, using your personal and financial identifying data to receive payment from Medicare, health insurance plans, or other payors who may be responsible to pay for all or part of the care PACE Place provides to you*) and;
- 4) **pay for your health services** (for example we share information about you with your cardiologist to coordinate the care you receive from PACE Place).

PACE Place may, without your authorization, also be required to disclose some or all of your Health Information in order to:

- 5) **comply with a law that requires disclosure;**
- 6) **respond to requests from public health authorities and agencies conducting health oversight activities;**
- 7) **help prevent the spread of disease;**
- 8) **participate in a recall of medical devices or medications;**
- 9) **report suspected abuse, neglect, or domestic violence to proper authorities;**
- 10) **when deemed reasonably necessary, to prevent a serious threat to anyone's safety or health;**
- 11) **participate in properly approved research;**
- 12) **respond to court orders, lawful administrative orders, certain subpoenas and investigative requests from federal and state regulators or law enforcement authorities** (*for example, if a court enters an order requiring the disclosure of the contents of your medical record to third parties*);
- 13) **respond to tissue and organ donation requests** (*for example, if you are an organ donor, Community can disclose clinical information to the organ or tissue bank*);
- 14) **respond to requests from medical examiners and funeral directors;**
- 15) **participate in lawsuits or legal actions involving your Health Information;** and



Program of All-Inclusive Care for the Elderly

- 16) **respond to requests from law enforcement officials and requests involving workers' compensation claims.**

Revisions of this Notice

PACE Place reserves the right to revise the terms of this Notice. If PACE Partners materially changes the terms of this Notice, it will post a copy of the revised Notice on the PACE Partners website <http://thepaceplace.org/>. The first use and effective date of this Notice is 01/30/2023.