



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how your medical information may be used and disclosed by Parrish Healthcare and how you can access this information. **Please review this document carefully.**

If you have any questions about this notice, please contact the Privacy Department at **321-268-6511** or email CorporateCompliance@parrishmed.com.

Your Rights

The following is a summary of your rights. A detailed description of each right is included in this notice.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Request a list of those with whom we've shared your information
- Request a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have certain choices regarding how we use and share your information in the following situations:

- Sharing information with family and friends about your condition
- Providing disaster relief services
- Including your information in a hospital directory
- Providing mental health care
- Marketing our services or selling your information
- Conducting fundraising activities

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Operate our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner and/or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities regarding your health information. We will comply with all applicable laws, but this notice does not create rights or obligations beyond what the law requires. Once your information is disclosed as permitted under the federal HIPAA Privacy Rule, it may be re-disclosed by the recipient and may no longer be protected by HIPAA if the recipient is not bound by its rules.

Get an electronic or paper copy of your medical record(s)

- You have the right to request access to your medical records and other health information we maintain, either in electronic or paper form. Please contact us to learn how to make a request.
- We will provide a copy or summary of your health information, typically within 30 days of your request. A reasonable, cost-based fee may apply. In some limited situations, we may deny your request, but you have the right to request a review of the denial.

Request corrections to your medical records

- You have the right to request corrections to any health information you believe is incorrect or incomplete. Please submit your request in writing and include the reasons supporting the requested amendment. To request corrections, please contact the Privacy Department at 321-268-6511 or email CorporateCompliance@parrishmed.com.
- We may decline your request but will advise in writing why your request was declined within 60 days unless an extension is needed.

Request confidential communication

- You can request to be contacted in a specific way (for example, by your home or office phone) or to direct your mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can request a list (accounting) of the instances in which we’ve shared your health information for six years prior to the date requested, who we shared it with and why. We will include all disclosures with the exception of those about treatment, payment health care operations and certain other disclosures (including any you asked us to make). We’ll provide one accounting per year for free but will charge a reasonable, cost-based fee if another request is made within 12 months.

Get a copy of this privacy notice

- You can request a paper copy of this notice at any time, regardless of whether you have agreed to receive the notice electronically. A paper copy will be provided promptly. This notice is also available on our website at www.parrishhealthcare.com/patients-visitors/notice-of-privacy-practices/

Choose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian, that individual can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated

- If you feel your rights have been violated, please contact the Privacy Department at 321-268-6511 or email CorporateCompliance@parrishmed.com.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- We will not retaliate against you for filing a complaint.

Your Choices**For certain health information, you can share preferences about what we share.**

If you have a clear preference for how your information is shared in the situations described below, please advise. We will follow your instructions as required by applicable laws and rules.

In the following cases, you have the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you cannot tell us your preference, for example you are unconscious or unavailable, we will proceed with sharing your information when we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases, unless allowed by applicable law or we receive written permission, we will never share your information:

- Marketing purposes (except as described below)
- Sale of your information (except as permitted by HIPAA)
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may use certain information about you to contact you for fundraising purposes, but you have the right to opt out at any time. These communications may be conducted on our behalf by a business associate or an affiliated foundation.

If we have your substance use disorder patient records, subject to 42 CFR Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Provide Treatment

- We can use or share your health information, electronically or otherwise, with other medical professionals involved in your treatment plan. We can give out your information for other treatment purposes, such as leaving an appointment reminder message.
 - *Example: A doctor treating you for an injury may access electronic records of another provider to learn more about your overall health. We may also share and access your information for lawful purposes through electronic health information exchange. We may use artificial intelligence technology that receives data about you and is used by healthcare providers to assist with treating or managing your health.*

Operate our organization and engage in other health care operations

- We can use and share your health information to operate our organization, improve your care and contact you when necessary. We can also share for other health care operations purposes permitted by law or regulations.
 - *Example: We use health information about you to manage your treatment and services, improve quality of care and manage our operations, such as the continued development of artificial intelligence tools to improve operations and efficiency, as well as for other lawful purposes. We may share health information with other entities for their health care operations and other lawful purposes.*

Bill for your services

- We can use and share your health information to bill and seek payment from health plans, from you, from other entities or to help other entities get payment.
 - *Example: We provide information to your health insurance plan so it will pay for your services. We may give information to entities that help us collect payments. We may share your information with other entities for their payment purposes.*

How else can we use or share your health information?

We are allowed and/or required to share your information in other ways, including those that contribute to the public good, such as public health and research. We are required to meet several lawful conditions before we can share your information for these purposes. For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We may disclose your health information for certain situations such as:

- Preventing disease(s)
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect and/or domestic violence
- Preventing and/or reducing a serious threat to anyone's health or safety
- Reporting births and deaths

Conduct research

- We may disclose your health information for health research as permitted by laws and rules.

Comply with the law

- We may disclose your health information if required by state or federal laws, including the Department of Health and Human Services. This can be requested to confirm we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We may disclose your health information with organ procurement organizations and tissue banks.

Work with a medical examiner and/or funeral director

- We may disclose health information to a coroner, medical examiner and/or funeral director as necessary following an individual's death.
- We may disclose your health information after your death in accordance with applicable federal HIPAA regulations.

Address workers' compensation, law enforcement and other government requests

We can use or share your health information for the following:

- Workers' compensation claims
- Law enforcement purposes or with a law enforcement official
- Health oversight agencies for activities authorized by law
- Special government functions such as military, national security and presidential protective services

Respond to and participate in lawsuits and legal actions

- We may use and disclose your information in response to a court or administrative order, a subpoena and/or other lawful process. We may also share information when a protective order is in place or the use of disclosure otherwise complies with law, such as a lawsuit or arbitration brought for payment purposes.

De-identified information

- We may use or disclose your health information to create de-identified information or limited data sets, and such information may be used or disclosed as permitted by law. Once de-identified, the information is no longer subject to this Notice. De-identified data may be used for any lawful purpose including, but not limited to, product development.

Inmates

- If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your information to the correctional institution or law enforcement official as permitted by applicable laws and regulations.

Marketing and Education

- We may use and disclose your protected health information to communicate with you in person about the purchase or use of a product or service, or to provide you with a promotional gift of nominal value. We may also contact you with non-marketing, health-related information, such

as appointment reminders, treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures

Organized Health Care Arrangement

- Our medical staff, including your physicians (as independent contractors), and other health care providers associated with the hospital, have agreed, as allowed by law, to share your health information among themselves for purposes of treatment, payment or health care operations related to their organized health care arrangements. This enables us to better address your health care needs.

Business Associates

- Health-related services provided through contracts with third parties, referred to as “business associates,” may need information to perform certain services on our behalf. Examples include software or technology vendors contracted to provide technical support, attorneys providing legal services, accountants, billing and collection companies, consultants and others. When such a service is contracted, we may share your protected health information with such business associates and allow our business associates to create, receive, maintain and/or transmit your information on our behalf in order for the business associate to provide services to us, or for the proper management and administration of the business associate or to enable the business associate to fulfill its legal responsibilities. Business associates must protect any health information they receive from us or create and maintain on our behalf. In addition, business associates may re-disclose your health information to business associates that are subcontractors for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information to our business associate, we will have a written contract with our business associate that contains terms designed to protect the privacy of your information.

Substance Use Disorder Program Records

- Records related to substance use disorders created by programs subject to special additional privacy laws are marked as receiving special protection (called “SUD records”). SUD records can only be used and shared as allowed by federal privacy rules. For example, you may have signed consent for all future uses and disclosures for treatment, payment and health care operations.
- We will not use or disclose your SUD records in any legal proceedings against you without your written consent or a valid court order. Any such court order will be issued only after you or we, as the record holder, have been notified and given an opportunity to respond, as required by law. A court order authorizing use or disclosure must be accompanied by a subpoena or other lawful process before any records are released.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- Should the privacy or security of your health information ever be compromised, we will contact you accordingly.
- We are required to follow the duties and privacy practices described in this notice and provide you with a copy.
- We will not use or disclose your information except as outlined in this notice, unless you provide written authorization. If you choose to grant permission, you may withdraw it at any time by notifying us in writing.

For more information please visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

- We may update the terms of this notice at any time, and any changes will apply to all information we maintain about you. The revised notice will be available, upon request, in our office and on our website at parrishhealthcare.com.

Other State and Federal Laws

- We may request your consent before sharing certain medical information when required by Florida or federal law. For example, we may seek specific authorization to disclose particular types of information when such permission is mandated by state law.

Language Assistance

- To the extent required by law, we provide, upon request and at no cost, language assistance services as well as appropriate auxiliary aids and related services to patients.
- For additional information, please visit our website:
www.parrishhealthcare.com/patients-visitors/notice-of-non-discrimination-and-accessibility/

Asistencia Lingüística

- En la medida en que lo exija la ley, ofrecemos servicios gratuitos de asistencia lingüística, así como ayudas auxiliares adecuadas y servicios relacionados para los pacientes que lo soliciten.
- Por favor para más información, consulte este sitio web:
<https://www.parrishhealthcare.com/patients-visitors/notice-of-non-discrimination-and-accessibility/>

Effective Date: March 1, 2015, **Revised:** February 16, 2026



Parrish Healthcare (Including Parrish Medical Center and Parrish Medical Group)
951 N. Washington Ave.
Titusville, Florida 32796

Parrish Healthcare Privacy Officer • 321-268-6511 • CorporateCompliance@parrishmed.com