

CONDITIONS OF TREATMENT

NOTICE OF LIMITED LIABILITY

Medical care, treatment or services ("Medical Care") provided by employees and/or agents of the University of South Florida Board of Trustees ("USF Health") are subject to the provisions of § 768.28 Florida Statutes.

Liability for the negligent acts and omissions of these USF Health employees and/or agents is limited by law to \$200,000 per claim or judgment by any one person and to \$300,000 for all claims or judgments arising out of the same incident or occurrence.

- 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 include but is not limited to my allergies, diagnoses, lab and imaging results, immunizations, medical history, medications, visit summaries, and it may also include sensitive information, such as HIV and sexually transmitted diseases, if applicable, with other health care providers. I agree that if I do not want my medical record shared with other health care providers who participant in the HIE, I must opt-out by filling out a USF Health, Care Everywhere Status Change form obtained from a USF Health front desk staff member or from USF Health Information Management at 813-974-4280 or at health.usf.edu/patient-forms.
- IV. Financial Agreement.**
- A. **Assignment of Insurance Benefits (if applicable).** I request my insurance carrier to pay to USF Health or its affiliates, all benefits due me related to my pending claim for Medical Care. I agree to pay all applicable deductible and coinsurance amounts due and other fees for services rendered for which my insurance plan/HMO is not liable for payment to the Provider and agree to pay the costs of collection including reasonable attorney's fees in the event of legal action to collect such amounts.
 - B. **Medicare B Authorization (if applicable).** I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare & Medicaid Services or its intermediaries or carriers, or to the billing agent of this physician or supplier, any information needed for this or a related medical claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment.

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 the charges will be placed on my OASIS account and I will be placed on administrative hold. This hold will immediately be removed upon payment of the outstanding balance at the Cashiers Office, SVC 1039, 9am to 5pm or online on OASIS.

V. **Prior Express Consent for Communications for Debt Collection and Payment Purposes.** I expressly agree and consent that, in order for USF Health or its employees, agents or affiliates to service my account (including debt collection and payment purposes) USF Health, or any of its employees, agents or affiliates, may contact me by telephone at any telephone number associated with my account, including any wireless/cellular telephone numbers, which could result in charges to me. USF Health, or any of its employees, agents or affiliates, may also contact me for debt collection and payment purposes by sending text messages or e-mails using any e-mail address or phone number I provide. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device.

VI. Acknowledgement of Receipt of Joint Notice of Privacy Practices and Notice of Organized Health Care Arrangement.

I acknowledge that I have been provided a copy of the USF Health Joint Notice of Privacy Practices and Notice of Organized Health Care Arrangement at health.usf.edu/patient-forms and have thereby been advised of how my health information may be used and/or disclosed, and how I may obtain access to and control this information.

VII. (Optional) Permission to Verbally Discuss my Medical Care. My Healthcare Providers may discuss my Medical Care with the following individuals:

Name and Relation

Phone #

Name and Relation

Phone #

By signature below, I acknowledge that I have read, understand, and agree to the foregoing as applicable to me and/or my minor child(ren), if provided Medical Care by or on behalf of USF Health. A signed copy shall be as valid as the original.

Patient Name (Print)

Signature (Patient or Representative)

Relationship to Patient (Please select one)

- Self
- Parent
- Legal Guardian

Date



JOINT NOTICE OF PRIVACY PRACTICES AND NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT

This notice (Notice), effective November 1, 2020, describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Organized Health Care Arrangement

Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital (TGH), the University of South Florida (USF), and certain community physician practices (Other Clinics) (jointly hereafter referred to as “We” or “Us”) have agreed to participate in an organized health care arrangement (OHCA). If you are uncertain if your physician’s office participates in the OHCA, please contact the TGH Privacy Officer at 813-844-4813.

We will share Protected Health Information (PHI) with each other as necessary to carry out treatment, payment, or health care operations relating to the OHCA, as otherwise permitted by applicable law, or as stated in this Notice. We will do so through access to a shared electronic medical record. This Notice applies to TGH and USF sites and related support sites that use the shared electronic medical record.

NOTHING IN THIS NOTICE IS INTENDED TO SUGGEST THAT ANY OF US IS THE AGENT OF ANY OTHER OF US, OR THAT ANY OF US IS LIABLE FOR THE ACTS OR OMISSIONS OF ANY OTHER OF US.

Who Will Follow This Notice

As to TGH, this Notice applies to the staff, volunteers, business associates, physicians and other health care partners who provide services on behalf of TGH, including any outpatient centers and Tampa General Medical Group.

As to USF, this Notice describes the practices of the following HIPAA covered health care components (Components) including any of their successors: USF Health Morsani College of Medicine and its constituent schools (including the USF School of Physical Therapy and Rehabilitation Sciences); Taneja College of Pharmacy; The USF Student Health Services; USF Health Neuroscience Institute (Home of the Johnnie B. Byrd, Sr. Alzheimer’s Center); USF College of Behavioral and Community Sciences, Department of Communication Sciences and Disorders; USF St. Petersburg campus Family Study Center, Infant Family Center; the advance practice providers under USF College of Nursing, USF Medical Services Support Corporation; University Medical Service Association, Inc.; USF administrative and operational units that support the Components and all physicians, other health care providers, faculty, employees, trainees, students, volunteers and other workforce members and personnel of the Components.

This Notice describes how We will use and share your information, how We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your health or condition and related health care services. We will tell you if your PHI has been breached. We are required to abide by the terms of the Notice currently in effect.

How We May Use and Disclose Health Information About You

We are committed to protecting the privacy of your health information. The law permits Us to use or disclose your health information for the following purposes:

Treatment: We may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you.

Payment: We may use and disclose your PHI to obtain payment for your health care services, including with a collection agency or credit bureau. We may also need to disclose planned treatment with your health plan to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations: We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our offices and facilities and make sure that all of our patients receive quality care. For example, We may use your PHI to evaluate the quality of health care services that you received, to evaluate the performance of the health care professionals who provided health care services to you, for medical review purposes or auditing. In addition, We report traumas, birth defects and cancer cases (Florida Cancer Registry) to the Department of Health for quality improvement and licensing purposes and quarterly data to the Agency for Health Care Administration (AHCA) as required for licensing. We may also provide your PHI to accountants, attorneys, consultants, accrediting agencies, outside funding sources and others to make sure We’re complying with the laws that affect Us, and to outside companies that assist Us in our operations and agree by contract to keep any PHI received from Us confidential in the same way We do.

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. In some cases, very limited information may be used or disclosed for research, and no additional authorization is required from you. In some cases, an Institutional Review Board (IRB) or its designee may determine whether your authorization is necessary for your health information to be used or disclosed for research purposes. If required, your written authorization will be requested.

Required by Law, Court or Law Enforcement: We may disclose PHI when a law requires that We report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, when dealing with crime when ordered by a court, or in response to a lawfully-issued subpoena or request for information in a legal proceeding.

To Avert Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

Special Situations

Organ and Tissue Donations: If you are an organ donor, We may release health information to organizations that handle organ procurement or organ, eye or tissue transplant or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, We may release health information about you as required by military authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health: We may disclose health information about you for public health activities. These activities generally include the following 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 a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notify your employer of a work-related illness or injury, if the health care was provided at the request of the employer and the employer is required to record the information.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

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.

Right to an Accounting of Disclosures: You have the right to request information relating to certain disclosures of PHI We may have made about your health care. We do not have to account for the disclosures described under treatment, payment, health care operations, information provided to you, information released incident to an allowed disclosure (see Incidental Disclosures section in this notice), information released based on your written authorization, directory listings, information released for certain government functions, disclosures of a limited data set (which may only include date information and limited address information) and disclosures to correctional institutions or law enforcement in custodial situations. These requests must be in writing and must state a time period, which may not be longer than six years.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI We use or disclose about you for treatment, payment or health care operations. We will consider your request but are not required to accept it unless you do not want information about an item or service sent to your health plan and you have paid for the item or service in full. You also have the right to request a limit on the PHI We disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Right to Request Confidential Communications: You have the right to request that We communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that We only contact you at work. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Be Notified of a Breach: You have the right to be notified in the event that We (or one of our business associates) discover a breach of unsecured PHI.

Right to a Paper Copy of This Notice: You may request a copy of this notice at any time.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI We already have about you as well as any information We receive in the future. We will post a copy of the current Notice at the front desk of each clinical site and on our respective websites.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-813-844-7000.

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

Chinese
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 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
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-813-844-7000.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-813-844-7000 번으로 전화해 주십시오.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-813-844-7000.

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ: શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-813-844-7000.

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-813-844-7000.

USF

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-874-3972.

French Creole (Haitian Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-874-3972.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-874-3972.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-874-3972.

Chinese

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 1-866-874-3972.

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-874-3972.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-874-3972.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-874-3972.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-874-3972

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-874-3972.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-874-3972.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-874-3972 번으로 전화해 주십시오.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-874-3972.

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ: શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-874-3972.

Thai

เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-874-3972.