



## NOTICE OF PRIVACY PRACTICES – SUMMARY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please carefully review this notice.

If you have any questions about this notice, please contact  
The Brevard Health Alliance Corporate Office  
at 321-241-6868.

**We may use and disclose medical, dental, and behavioral health information about you for:** treatment, payment, healthcare operations, appointment reminders, treatment alternatives, health-related benefits and services, individuals involved in your care or payment for your care, as required by law, and to prevent a serious threat to health and safety.

**Special situations in which we may disclose information about you include:** worker's compensation, public health risks, health oversight activities, lawsuits and disputes, law enforcement, coroners, medical examiners, funeral directors, national security and intelligence activities, protective services for the United States president and others, and inmates.

**Other uses and disclosures of medical, dental and behavioral health information** not covered by this notice or the laws that apply to us will be made only with your written permission.

**You have the following rights regarding medical, dental, and behavioral health information we maintain about you including:** the right to inspect and copy your medical, dental and behavioral health records, request an accounting of disclosures for any disclosure outside normal hospital operations, and/or request confidential communications in our dealings with you. You also have the right to receive a copy of this notice.

**Changes to this notice:** We may revise this notice at any time and will implement those changes for your medical, dental and behavioral health information that is in our possession as of that date. Any future medical information about you that is created or received will also be subject to the notice revisions.

**Complaints:** If you believe that BHA has violated your privacy rights, you may file a complaint with Brevard Health Alliance or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with The Brevard Health Alliance, please write to: Brevard health Alliance c/o Chief Executive Officer 2120 Sarno Rd., Melbourne, FL 32935

**To obtain the complete Notice of Privacy Practices, please request a copy from any of your Brevard Health Alliance team members.**

### Who's required to abide by this notice?

- Any healthcare professional who's authorized to enter information into your medical record.
- All departments, volunteers and units of Brevard Health Alliance
- All employees, staff, and other healthcare personnel who make-up the Brevard Health Alliance workforce
- Provider entities who have entered into an organized Health Care arrangement with Brevard Health Alliance

### Our pledge regarding medical information

We understand that medical information about you and your health is personal; therefore, we are committed to protecting this information. This notice also will tell you about the ways in which we may use and disclose your medical information.

**We're required by law** to make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practice with respect to your medical information, and follow the terms of the notice currently in effect.