

NOTICE OF PRIVACY PRACTICES SUMMARY

Following is a summary of the Leesburg Regional Medical Center/The Villages Regional Hospital Notice of Privacy Practices. A detailed copy of the LRMC/TVRH Notice of Privacy Practices, may be obtained at any LRMC/TVRH Admissions area, Information Desk, or Health Information Services Department.

This notice covers the workforce of The Villages Regional Hospital (TVRH), Leesburg Regional Medical Center (LRMC), LRMC Nursing Center, Ohme Rehabilitation Center, Leesburg Regional Day Surgery Center, LRMC Riverside Urgent Care Center, LRMC Home Health Services, LRMC Wellness Center and all other Leesburg Regional and The Villages Regional sites and locations. It also covers all physicians, contractors, and other individuals providing patient care at LRMC/TVRH or one of its affiliated entities.

Our Pledge

We understand that medical information about you and your health is personal and private. We are committed to protecting the confidentiality of that medical information. This notice applies to all of the records of your care generated by the LRMC/TVRH organization and its affiliated entities, whether made by organization personnel or your personal physician.

How We May Use and Disclose Medical Information About You

For Treatment

For Payment

For Healthcare Operations

If You Do Not Want Publicity While In This Facility

Be sure to tell the registrar if you do not want your presence in this facility to be known. If you request "no publicity," the following will occur:

You will not be included in the internal hospital directory

You will not receive phone calls

Visitors will not be directed to your room

Guest services will not direct deliveries (such as flowers) to your room.

Your Rights Regarding Medical Information About You

You have the following rights:

- **Access:** To inspect and obtain a copy of your medical information. There are certain limited instances where a request for access to your medical information may be denied. The organization is permitted to charge a fee for a copy of your medical record to cover the costs of copying and supplies.

- **Amendments:** To request an amendment to your medical information.
- **Accounting:** To an accounting of disclosures of your medical information that were outside of treatment, payment or healthcare operations purposes.
- **Restrictions:** To request restrictions or limitations on the medical information we use or disclose about you. Your request must be approved by the LRMC Privacy Office and LRMC is not required to grant your request.
- **Confidential Communications:** To request that we send confidential communications to an alternate address.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the US Department of Health and Human Services. You may also file a complaint with the LRMC/TVRH Privacy Office, Corporate Compliance and Legal Affairs, 600 East Dixie Avenue, Leesburg, FL 34748, 323-5924.