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"Giving of ourselves...so you receive... excellent care."

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 IT CAREFULLY.

St. Francis Sleep, Allergy and Lung Institute understands that medical information about you and your health is personal. We are committed to protecting this information. Our practice will create a record of the care and services you receive as a basis for planning your care and treatment, for communicating with the many healthcare professionals involved in your care, to obtain payment for services provided, as a source of information for public health officials, and to provide you with quality care while complying with certain legal requirements.

By law, this office is required to provide you with our Notice of Privacy Practices. If you should have any questions about this Notice or to submit requests pursuant to this Notice, please contact the Operations Manager at St. Francis Sleep, Allergy and Lung Institute. A copy of this Notice is available upon request.

We have a legal duty to safeguard your protected health information. We are required by law to maintain the privacy of our patients' personal health information. We call this information "protected health information" or PHI for short.

We must provide patients with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. You may receive a copy of any revised notices at our office, or a copy of the current Notice of Privacy Practices may be obtained by mailing a request to St. Francis Sleep, Allergy and Lung Institute, Attention: Privacy Officer, 802 North Belcher Road, Clearwater, Florida 33765. You may also view a copy of the notice on our website at StFrancisMed.com.

Uses and disclosures of your protected health information

Your Authorization. We will not use or disclose your PHI for any purpose other than treatment, payment and healthcare operations unless you have signed a form authorizing the use or disclosure with the exceptions of the situations outlined below. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures for Treatment. We will make uses and disclosures of your PHI as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc.

Uses and Disclosures for Payment. We will make uses and disclosures of your PHI as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. We may make uses and disclosures of your PHI to another entity or healthcare provider for payment of the entity that receives the information. For instance, we may forward information to the ambulance company that brought you to the hospital so they can prepare a bill for you or your insurance company for the ambulance service.

Uses and Disclosures for Healthcare Operations. We will use and disclose your PHI as necessary, and as permitted by law, for our healthcare operations, which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your PHI for purposes of improving the clinical treatment and care of our patients.

Family and Friends Involved In Your Care. With your approval, we may disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in your care or payment for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, outsourced billing and collection services, appointment reminder and answering service agencies, etc. At times, it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our healthcare operations. In all cases, those business associates are required to appropriately safeguard the privacy of your information.

Appointments and Services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request to receive communications regarding your PHI from us by alternative means or at alternative locations. Requests can be made at the time of registration. We agree to comply with reasonable requests. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate

reasonable requests. Some requests, as determined by our registration department, may need to be submitted to our Privacy Officer for evaluation. In this case, you would need to complete a Confidential Communication Request Form and submit it to ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE, HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765.

Confidentiality of Alcohol and Drug Abuse Records. Federal law and regulations protect the confidentiality of alcohol and drug program records maintained by this facility. PHI containing information on your alcohol or drug use may not be disclosed without 1) your written authorization; 2) a court order; or 3) unless the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Federal law or regulations do not protect any information about a crime committed by you at our facility or about any threat to commit a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Confidentiality of HIV Test or Diagnosis of AIDS or AIDS Related Condition. Florida law requires that we have your authorization or a court order before disclosing the results of an HIV test or diagnosis of AIDS or AIDS- related conditions.

Other Uses and Disclosures. We are permitted or required by law to make other uses and disclosures of your PHI without your authorization. The following apply:

We may release your PHI for any purpose required by law: if we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect, or domestic violence; to law enforcement officials to report wounds, injuries and crimes; to a government oversight agency conducting audits, investigations, or civil or criminal proceedings; and if required to do so by a court or administrative ordered subpoena or discovery request. You will have notice of such release in most of these cases;

We may release your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations; we may release your PHI to coroners and/or funeral directors consistent with law;

We may release your PHI to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

We may release your PHI to your employer when we have provided healthcare to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;

We may release your PHI if necessary to arrange an organ or tissue donation from you or a transplant for you;

We may release your PHI if in limited instances we suspect a serious threat to health or safety;

We may release your PHI for certain research purposes without your authorization when such research is approved by an institutional review board with established rules to ensure privacy or with researcher representation that limit the use and disclosure of the PHI;

We may release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities; and we may release your PHI to workers' compensation agencies if necessary for your worker's compensation benefit determination.

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician will attempt to obtain your acknowledgment of this Notice as soon as reasonably practicable after the delivery of treatment.

From time to time, we may use and disclose protected health information to tell you about certain health-related benefits or services that may be of interest to you.

We may release protected health information if asked to do so by a law enforcement official, in response to a court order, subpoena, warrant, summons, or similar process. Other related disclosures may include disclosures relating to individuals who are Armed Forces personnel, to national security and intelligence agencies, as well as disclosures to authorized federal officials for the protection of the President of the United States or other authorized persons or foreign heads of state.

If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court order or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Rights that you have regarding your PHI

Access to Your Protected Health Information. You have the right to receive a copy and/or inspect much of the PHI we retain on your behalf, unless excluded by law. All requests for access must be made in writing and signed by you or your legal representative. We may charge you a fee for copying the information and for postage if you request a mailed copy. You may obtain an authorization for release of patient protected health information form from ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE Medical Record Services, 802 North Belcher Road, Clearwater, Florida 33765.

Amendments to Your Protected Health Information. You have the right to request in writing that PHI that we maintain about you be amended. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order

to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment request. If an amendment you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your PHI after April 14, 2003. Requests must be made in writing and signed by you or your legal representative. You may obtain an accounting request form from ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE HIPAA Privacy Officer, Attention HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request a restriction on the uses and disclosures of your PHI for treatment, payment and healthcare operations. For example, you have the right to request that we not disclose your PHI to a health plan for payment or healthcare operations purposes, if that PHI pertains to a healthcare item or service for which we have been involved and which has been paid out of pocket in full. We are required to comply with your request for this type of restriction. For all other requests for restrictions on use and disclosures of your PHI, we are not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate; we also retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You have the right to terminate, in writing to the Privacy Officer, any requested restrictions. You may obtain a request for restriction form from ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765.

Right to Confidential Communications. You also have the right to request to receive private health information communications by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765. 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 a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

You may obtain a copy of this Notice at our website: StFrancisMed.com

* To obtain a paper copy of this Notice, contact ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765.

How to complain about our privacy practices

If you believe your privacy rights have been violated, you may file a complaint with ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765. The complaint must be filed in writing. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in writing within 180 days of an alleged violation of your rights. There will be no retaliation for filing a complaint

Breach Notification

In the event of any Breach of Unsecured PHI, ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE shall fully comply with the HIPAA/HITECH breach notification requirements, which will include notification to you of any impact that Breach may have had on you and/or your family member(s) and actions ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE undertook to minimize any impact the Breach may or could have on you.

Person to contact for further information or assistance

If you have questions or need further assistance regarding this Notice, you may contact St. Francis Sleep, Allergy, and Lung Institute's Privacy Office by telephone at (727) 447-3000 or by mail at ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE HIPAA Privacy Officer, Attention Compliance Department, 802 North Belcher Road, Clearwater, Florida 33765. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by email or other electronic means.

Effective date: March 16, 2021

This Notice of Privacy Practices is effective April 14, 2003, with revisions effective March 16, 2021.