**Effective Date: September 19, 2021**

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.

If you have any questions about this notice, please refer to our website, [www.divineretreats.net](http://www.divineretreats.net), or you may contact the Chief Privacy Officer by telephone at [(407)917-7726](tel:4079177726), email to [info@divineretreats.net](mailto:info@divineretreats.net) or mail: Divine Retreats, 3614 Grande Reserve Way, A-106, Orlando, FL 32837

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes Divine Retreats’ practices regarding the use and disclosure of your medical information, including use and disclosure by (a) any healthcare professional (b) all departments and units of the system, (c) all contracted services, and (d) all members of Divine Retreats’ workforce.

All Divine Retreats entities follow the terms of this notice, which includes but is not limited Ritz Carlton facilities, physician services, ancillary medical staff including physical therapists, dietitians, mental health professionals and all other members of the medical staff when seeing guests during our retreats. These individuals, entities and facilities may share medical information with each other for treatment and operational purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that information about you and your health is personal. We are committed to protecting that medical information.

This notice tells you about the ways in which we may use and disclose information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to: make sure that health-related information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect and notify you following a breach of unsecured protected health information.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health-related information. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

*For Treatment*  
We may use and disclose your information to provide you with medical treatment and to coordinate or manage your health care and related services. For example, we may use and disclose information about you to physicians, nurses, technicians, medical students, family members, clergy, or others who are involved in your care.

*For Healthcare Operations*  
We may use and disclose information about you for normal retreat operations. These uses and disclosures are necessary to run the retreat program and make sure that all of our guests receive quality care. (For example, in the course of quality assurance, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. Some of these reviews may be conducted by independent physicians who are not members of the medical team nor are Divine Retreats employees.) We may disclose medical information to business associates who provide contracted services such as accounting, legal representation, quality assurance and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential. We may also combine medical information about guests to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, resident physicians, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

*Follow-Up Phone Calls*  
As part of your treatment plan, there may be times that you will be contacted by Divine Retreats staff via telephone after you have completed the retreat experience. Examples include: (1) a follow-up phone call after you leave the retreat to answer any questions from you or your family or to determine that you are improving appropriately; (2) a phone call to address any guest satisfaction issues; or (3) a phone call to provide additional education or guidance to you on a particular topic related to your guest experience. Such phone calls will be limited in number and are meant to ensure optimum outcomes, patient satisfaction and education.

*Treatment Alternatives and Health-Related Benefits and Services*  
We may use and disclose information to recommend or tell you about treatment alternatives and health-related benefits or services that may be of interest to you.

*Individuals Involved in Your Care*   
Unless you object, we may release information about you to a friend or family member who is involved in or helps in your medical care. With your permission, we may also tell your family or friends your general condition.

**Research**  
Under certain circumstances, we may use and disclose information about you for research purposes. (For example, a research project may involve comparing the health and recovery of all patients who received one therapeutic intervention to those who received another for the same condition.) All research projects are subject to a special approval process that evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patient’s need for privacy of their medical information. Before we use or disclose information for research, the project will have been approved through this research approval process; however, we may disclose information about you to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the information they review does not leave Divine Retreats LLC. When our staff conducts a research project in which they look at your personal information, it will not be disclosed outside the retreat program, nor will you be identified in any reports. If a research project is conducted where your information cannot be held confidential, a separate process is in place for you to consent for this type of research.

*Service Excellence*  
We may follow-up your visit with us by sending to the address listed in your records a brief written survey about your satisfaction with the level of service provided to you. In some cases, the survey may be conducted by telephone or e-mail using the contact information listed in your intake forms. In some instances, your name may be passed on to members of the service excellence team to investigate a complaint or corroborate an incident.

*As Required By Law*  
We will disclose information about you when required to do so by federal, state or local law.

*To Prevent a Serious Threat to Health or Safety*   
We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures would only be to someone able to help prevent the threat.

**SPECIAL SITUATIONS**

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

*Public Health Risks*  
We will disclose information about you for public health activities as required by law. These activities generally include the following: (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report child abuse or neglect; (d) to report reactions to medications or problems with products; (e) to notify people of recalls of products they may be using; (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (g) to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.

*Health Oversight Activities*  
We will disclose information to a health oversight agency for activities authorized by law. These oversight activities include: audits, investigations, inspections, and licensure that are necessary for the government to monitor the healthcare system, government programs, and compliance with applicable laws.

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

*Law Enforcement*  
We may release information if asked to do so by a law enforcement official: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the patient agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct at the hospital; and (f) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

*National Security and Intelligence Activities*  
We may release information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

*Protective Services for the President of the United States and Others*  
We may disclose information about you to authorized Federal officials so they may conduct special investigations and provide protection to the President or other officials and dignitaries.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding the medical information we maintain about you:

*Right to Inspect and Copy*  
You have the right to inspect and obtain copies of medical information that may be used to make decisions on your health care optimization plan. To inspect and obtain a copy of medical information that may be used to make decisions about you, you must appear in person or submit your request in writing to: Divine Retreats, Release of Information, 3614 Grande Reserve Way, A-106, Orlando, FL 32837. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, labor, electronic media or other supplies associated with your request. We may deny your request to inspect and obtain a copy of your medical information in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Divine Retreats will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

*Right to Amend*  
If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Divine Retreats. To request an amendment, your request must be made in writing and submitted to Divine Retreats, Health Information Management, 3614 Grande Reserve Way, A-106, Orlando, FL 32837. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the medical information kept by or for Divine Retreats; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and complete.

*Right to an Accounting of Disclosures*  
You have the right to request an accounting (list) of certain types of disclosures we have made of medical information about you. We are not required to account for certain disclosures such as: (a) disclosures you authorize; (b) disclosures to carry out treatment, and (c) disclosures to persons involved in your care. To request an accounting of disclosures, you must submit your request in writing to: Divine Retreats, Health Information Management, 3614 Grande Reserve Way, A-106, Orlando, FL 32837. Your request must state a time period, which may not be longer than six years, and may not include dates before January, 2021. The first list you request within a 12-month period will be free. There may be a charge for additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

*Right to Request Restrictions*  
You have the right to request a restriction or limitation on our use or disclosure of information about you for treatment or healthcare operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care, like a family member or friend. (For example, you could ask that we not use or disclose information about a surgery you had to a particular family member.) You may make this request orally to registration personnel and you will be designated as a “no publicity” for that episode of care. For all other restrictions, you must complete the “Request for Restrictions on Uses and Disclosures of Protected Health Information” form available at Divine Retreats or from the Chief Privacy Officer. You may contact the Chief Privacy Officer at [(407)917-7726](tel:4079177726) to request a form and one will be mailed to you. Completed forms must be mailed to Attn: Chief Privacy Officer, Divine Retreats, 3614 Grande Reserve Way, A-106, Orlando, FL 32837 will reply to you within 60 days. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

*Right to Request Confidential Communications*  
You have the right to request that we communicate with you in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail.) Your request must include the address and/or telephone number where you want to be contacted.

*Right to a Paper Copy of This Notice*  
You have the right to a paper copy of this notice any time. You may obtain a copy of this notice at our website, www.[divineretreats.net](http://divineretreats.net).

**CHANGES TO THIS NOTICE**  
We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.Revised copies of this notice will be provided upon request.

**COMPLAINTS**  
If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the facility, contact Divine Retreats, Attn: Chief Privacy Officer, 3614 Grande Reserve Way, A-106, Orlando, FL 32837 or by telephone at (407) 917-7726. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION**  
Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. These include most uses and disclosures for marketing purposes and disclosures for which we receive remuneration in exchange for your information. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**STATEMENT OF NONDISCRIMINATION**  
Divine Retreats complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability, gender identity or sexual orientation.