



## NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

### **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 contact the Privacy Officer at Citrus Health Network.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA).

#### **ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

You will be asked to provide a signed acknowledgment of receipt of this notice. It is our intention to advise you of the permissible uses and disclosures. The services will not be conditioned upon your signed acknowledgment.

#### **NOTICE OF PRIVACY PRACTICES**

This Notice describes the types of uses and disclosures regarding your Protected Health Information (hereafter referred to as "PHI"); it explains how, when and why we use and disclose PHI about you; it notifies you that we may use and disclose your PHI as described in this Notice.

- We may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice.
- We list you rights and our obligations regarding the use and disclosure of medical information.
- We are required to follow the procedures in this Notice.

#### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes our organization's practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of Citrus Health Network (hereafter referred to as "CHN").
- All employees, staff, other CHN personnel, and any member of a volunteer group we allow to help you while you are being treated at CHN.

#### **OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

CHN is required to protect the privacy of your health information that can identify you. This information is called PHI. We understand that mental health and other health information about you is personal. CHN is committed to protecting PHI about you. CHN must protect PHI information that we created or received about your past, present, or future health condition; the services, care and treatment provided to you; or payment for your health care.

#### **HOW MAY WE USE AND DISCLOSE PHI ABOUT YOU**

**Treatment:** We may use and disclose PHI about you to provide you with medical and mental health care and other related services. We may use and disclose PHI about you to provide, coordinate or manage your medical and mental health care and other related services.

- We may disclose PHI about you to doctors, nurses, technicians, students and interns, or other CHN personnel who are involved with the delivery of services provided to you.
- We may communicate with other medical, mental and other health care providers regarding your treatment, the coordination, and management of your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services; or the psychiatrist may need to speak with your primary doctor or other provider about your health prior to prescribing certain medications.

- We may communicate and share your PHI with different CHN departments in order to provide, coordinate and manage your treatment.
- We may use and disclose PHI about you when referring you to another medical and mental health care provider.

**Payment:** CHN may use and disclose your PHI to others such as your insurance company and third party payers for purposes of receiving payment for the services rendered by CHN. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies;
- Insurance companies, health plans and their agents which provide you coverage;
- Consumer reporting agencies (e.g., credit bureaus).

**Health Care Operations:** We may use and disclose your PHI in performing business activities, that we call “health care operations”. These “health care operations” allow us to improve the quality of care that we provide and reduce health care costs. Examples of the way we may use or disclose your PHI for “health care operations” include the following:

- To review and improve the quality, efficiency, treatment, services and cost of care provided to you and to evaluate the performance of staff providing services to you.
- To review and evaluate the skills, qualifications, and performance of health care providers taking care of you.
- To resolve grievances within our organization.
- To conduct and arrange for medical review, legal services, auditing functions, including fraud and abuse detection and compliance programs pursuant to applicable laws.
- To combine PHI about CHN clients to decide what additional services CHN should offer, what services are not needed and whether certain new treatments are effective. To combine the PHI we have with information from other covered entities to assist us in improving our quality of care.
- To conduct business management and general administrative activities related to our organization and the services it provides. For example, your name may be called out by the CHN front desk staff while you are in the waiting room area.
- We may disclose your PHI to other doctors, psychologists, nurses, technicians, students, interns, and other center personnel for review and learning purposes.
- To cooperate with outside organizations that assess the quality of the care we provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- To cooperate with outside organizations that evaluate, certify or license health care providers. For example, we may use or disclose your PHI so that one of our staff members may become certified as having expertise in a specific field.
- To review activities and use or disclosure of your PHI in the event that we sell our business, property or give control of our business or property to someone else.
- To comply with this Notice and with applicable state and federal laws.

**Appointment Reminders:** We may use and disclose your PHI to contact you regarding the scheduling of an appointment, to remind you of an appointment, and to send written notification of a scheduled appointment for treatment.

**Treatment Alternatives:** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits And Services:** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

**Fundraising Activities:** We may use or disclose your PHI in an effort to raise money for our organization’s operations and future operations for the benefit of our organization. We only would release contact information, such as your name, address and phone numbers to CHN Staff. If you do not want to be contacted for fundraising efforts, you must notify the Privacy Officer, in writing.

**Research:** Under certain circumstances, we may use and disclose your PHI for research purposes, but only under specific criteria. You have the right to request information about these criteria and may obtain a copy of the policy by contacting the Privacy Officer in writing.

**Worker's Compensation:** We may release your PHI for worker's compensation or similar programs as authorized by state worker's compensations laws and programs.

**To Avert Serious Threat To Health Or Safety:** We may use and disclose your PHI consistent with applicable state and federal laws and standards of ethical conduct, if we in good faith believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or that of a person or the public; if the disclosure is made to a person or person(s) reasonably able to prevent or lessen the threat, including the target of the threat or is necessary for law enforcement authorities to identify or apprehend an individual. Additionally, we may use and disclose your PHI when the disclosure relates to victims of abuse, neglect or domestic violence.

**Public Health Activities:** We may use and disclose your PHI when the use and disclosure is necessary for public health activities. For example, we may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. These activities generally include the following:

- To report child abuse and neglect
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law)
- To report births and deaths
- To prevent or control disease, injury or disability
- 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
- To notify people of recalls of medications or products they may be using
- To report reactions to medications or problems with products

**Health Oversight Activities:** We may use and disclose your PHI to a state or federal health oversight agency which is authorized by law to oversee our operations. These activities include audits, investigations, inspections, and licensure. These activities are required by government programs to monitor the health care system, government programs and compliance with applicable laws, including civil rights law.

**Judicial Administrative Proceedings, Lawsuits And Disputes:** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Prior to this disclosure we must make a good faith effort to inform you about the request or to obtain an order protecting the information requested and to follow applicable state laws.

**Law Enforcement:** We may release your PHI upon a request by a law enforcement official. The information requested must be specific and limited in scope to the extent reasonable practicable in light of the purpose for which the information is sought and if de-identified information cannot reasonably be used. The information disclosed must be relevant and material to a legitimate law enforcement inquiry. The disclosures must be released if authorized pursuant to the Florida Statutes. Examples of the uses and disclosures are:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person(s);
- Regarding criminal acts occurring at CHN;
- Regarding a victim of a crime (under limited circumstances – if we are unable to obtain a person's agreement)
- In emergency circumstances to report a crime, the location, the victims and the identity or description and location of the person(s) who committed the crime

**Coroners, Medical Examiners And Funeral Directors:** We may release your PHI as necessary to carry out their duties of the coroners, medical examiners and funeral directors when the use and/or

disclosure relates to decedents. For example, we may disclose your PHI to a coroner or medical examiner for the purposes of identifying you should you die.

**Specialized Government Functions:** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may use and disclose your PHI to authorized federal, foreign and other national security officials when the use and disclosure is for activities deemed necessary to assure the proper execution of the military mission or for other specialized government functions.

**Inmates:** If you are an inmate, we may use and disclose your PHI for the provision of medical and mental health care; for your health and safety or that of other inmates, employees, individuals, persons responsible for transporting inmates, and other law enforcement.

**As Required By Law:** We will disclose your PHI when required to do so by federal, state or local law or other judicial or administrative proceeding.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

The following uses and disclosures require that we inform you in advance and give you an opportunity to agree, prohibit, or restrict such use and disclosure. You may have this opportunity in the following three situations:

**Facility Directory:** We may disclose certain limited information about you while you are a CHN residential or CSU client if you provide us with the required "Authorization for Release / Exchange of Information" pursuant to the mandates as set forth in the Florida Statutes. If you do not sign the "Authorization for Release / Exchange of Information", we will not disclose your PHI unless under emergency treatment circumstances. Under emergency treatment circumstances your PHI will be disclosed if it is consistent with your prior expressed preference, if any, and when it is determined by CHN'S exercise of professional judgment that such disclosure is in your best interest.

**Personal Representative:** A person authorized under State or applicable law to act on your behalf in making health care decisions is your Personal Representative. Your Personal Representative will have access to your PHI. A parent, guardian, or other person acting in *loco parentis* may exercise the minor's rights with respect to health care decisions in compliance with the Florida Statutes, Chapters 394, 395, and 39. CHN will comply with all the state laws regarding personal representatives.

**Disaster Relief Purposes:** We may share your PHI with a public or private agency (for example with the American Red Cross) for disaster relief purposes. Even if you object, we may still share your PHI, if necessary under emergency circumstances.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Right To Restrict Uses And Disclosures:** You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures as previously addressed in this Notice. You may request a restriction by contacting CHN's Privacy Officer.

**Right To Receive Confidential PHI:** It is CHN'S practice to contact clients at the home number and address provided to us by the client. This contact information is documented in the client records. You have the right to request that we contact you in a different manner. This request is conditioned upon two requirements 1) you must provide us with the alternative phone and address or other method of contact 2) when appropriate, information as to how the method of payment, if any, will be handled.

- Your request must be made in writing. You may request alternative communications by contacting the CHN's Client Information Manager.
- We must accommodate reasonable requests if you clearly state that the disclosure of all or part of the information that you are requesting could endanger you.

**Right To Access And Copy PHI:** You have the right of access to inspect and copy your PHI contained in clinical, billing and other records used to make decisions about you.

- The right of access to inspect and copy must be subject to and consistent with applicable laws as set forth in the Florida Statute. In addition to the Florida law requirements, the following exceptions apply: psychotherapy notes; information compiled in reasonable anticipation of or for use in a civil, criminal or administrative proceeding; or subject to the Clinical Laboratory Improvement Amendments of 1988.
- Your request must be in writing. You may request access to your PHI by contacting CHN's Medical Records Department.
- We may charge you related copying fees of up to one dollar (\$1.00) per page, as permitted by law.
- Instead of providing you with a full copy of your PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation.
- If readily producible, we will provide PHI in the form or format requested.
- The requested information will be provided within the time frames permitted by law.

**Denial Of Access And Your Right To Request A Review Of The Denial And Right To File A Complaint:** Under certain situations CHN may deny your access to your PHI.

- If we deny access to your PHI, we will respond to you in writing, stating the basis of the denial of access.
- You have the right to complain to CHN by contacting the CHN's Quality Improvement Officer.
- You have the right to complain about the denial of access to the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C., 20201.
- You have the right to request a review of the denial. Your request must be sent to CHN's Medical Records Department at 4175 West 12<sup>th</sup> Avenue, Hialeah, Florida, 33012.
- If you have requested a review of the denial, CHN will designate a Reviewing Official to review the decision to deny access. The Reviewing Official will then determine within a reasonable time period whether or not to deny access.
- CHN will then respond to you in writing, stating the determination of the review process.

**Right To Request Amendment Of PHI:** You have the right to request that we make amendments to your clinical, billing or other PHI records used to make decisions about you as long as the documentation is maintained in your CHN medical records.

- Your request for amendment must be in writing and you must provide the basis for the requested amendment.
- Your request must be sent to CHN's Medical Records Department at 4175 West 12<sup>th</sup> Avenue, Hialeah, Florida, 33012.
- If we accept your requested amendment, in whole or in part, we will respond in a timely manner and forward a copy of the amendments to relevant person(s), if necessary.

**Denial Of Request For Amendment And Your Right To Submit A Written Statement And Right To File A Complaint:**

- If we deny your request for an amendment, we will respond to you in writing, stating the basis of the denial of your request.
- You have the right to complain by contacting CHN's Quality Improvement Officer.
- You have the right to complain about the denial to your request for amendment to the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C., 20201.
- You have a right to submit a written statement disagreeing with the denial for amendment. Your request must be sent to CHN's Medical Records Department at 4175 West 12<sup>th</sup> Avenue, Hialeah, Florida, 33012.
- If you do not submit a statement of disagreement, you have the right to request that CHN provide your request for amendment and the denial with any future disclosures of your PHI.
- CHN has the right to prepare a written rebuttal to your statement of disagreement. You have a right to receive a copy of the rebuttal statement.

**Right To A Listing Of All Disclosures Made By CHN:** Upon a written request, you have the right to receive an accounting of all CHN disclosures of your PHI for a period of up to six (6) years prior to the date of your request (not including disclosures made prior to April 14, 2003). Under certain limited situations, we may be unable to provide the requested accounting for a limited amount of time. Your

request for an accounting of the disclosures must be made in writing to CHN's Medical Records Department at 4175 West 20 Avenue, Hialeah, Florida 33012. The information must be provided to you within the required timeframes. (If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.)

We are required to provide a listing of all disclosures except for the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Made to or requested by you
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other lawful purposes
- Allowed by law when the use and disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations
- As part of a limited set of information which does not contain certain information which would identify you
- That occurred prior to the compliance date of April 14, 2003

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, your PHI has been disclosed for certain types of research projects, the list may include different types of information.

**Right To A Copy Of This Notice:** You have the right to receive a paper copy of this Notice on the date you first receive service from us. In emergency situation, we will provide the Notice to you as soon as possible. You may also obtain a copy of this notice at our website, [www.citrushealth.org](http://www.citrushealth.org).

#### **AUTHORIZATIONS ON OTHER USES OF PHI**

Under any circumstances other than those listed above or pursuant to the Florida Laws, we will ask for your written authorization before we use or disclose your PHI. Other uses and disclosures of PHI not covered by this Notice or the Florida laws that apply will be made only after obtaining your written authorization.

- If you provide us with written authorization to use and disclose your PHI you may revoke that authorization, in writing, at any time.
- If you revoke your authorization in writing, we will not disclose your PHI after your cancellation, except for the disclosures that were processed before we received your cancellation.
- You understand that we are unable to retrieve any disclosures of your PHI that we have already made pursuant to your authorization.

**Right To Amend Notice:** We reserve the right to change the terms of this Notice and to make new notice provisions effective for the entire PHI that we maintain by first:

- Posting the revised Notice in prominent locations throughout CHN service sites;
- Making copies of the revised Notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised Notice on our website.

#### **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C., 20201. To file a complaint with CHN, contact CHN's Privacy Officer at 4175 West 20 Avenue, Hialeah, Florida. All complaints must be received in writing. You will not be penalized for filing a complaint. We will not take any action against you or change our treatment of you in any way.

#### **CONTACT INFORMATION**

You may contact CHN's Privacy Officer for further information about the complaint process or for further explanation of this document.

