

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.

This notice is to inform you about our privacy practices and legal duties related to the protection and privacy of your medical/health records that we create or receive. We are required by law to ensure that medical/health information that identifies you is kept private. We are required by law to follow the terms of the notice that is currently in effect.

This notice will explain how we may use and disclose your medical/health information, our obligations related to the use and disclosure of your medical/health information and your rights related to any medical/health information that we have about you. This notice applies to the medical/health records that are generated in or by this agency. In addition to agency departments, employees, staff and other agency personnel, the following people will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your medical/health record;
- Any member of a volunteer group that we allow to help you while you are in the facility; and
- All providers who New Horizons contracts with to provide services to our clients.

These other individuals or providers are considered part of New Horizons and must follow the terms of this Notice of Privacy Practices. In addition, individuals and providers working for or contracted with New Horizons may share medical information with each other for the purpose of treatment, payment, or health care operations as described in this Notice of Privacy Practices. These other individuals and providers are included throughout this document whenever we use the term "agency."

1.0 USE AND DISCLOSURE OF MEDICAL/HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose medical/health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use or disclose information will fall within one of the categories.

1.1 Uses or Disclosure of Medical Information that Requires Your Authorization

We will have you sign an authorization prior to disclosing/releasing your medical/health information. This authorization form permits us to release information about you, which is protected by FS §394.4615 (a state law protecting the confidentiality of mental health and substance abuse records), 42 CFR Part 2 (a federal law protecting the confidentiality of alcohol or drug abuse treatment records) and 45 CFR Parts 160 and 164 (HIPAA federal law protecting the confidentiality of all health care records).

1.1.1 Treatment

We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to qualified mental health professionals, qualified counselors, technicians, volunteers, interns, interpreters, or other agency personnel who are involved in providing services for you at the agency. For example, your treatment team members will internally discuss your medical/health information in order to develop and carry out a plan for your services. Different departments of the agency also may share medical/health information about you in order to coordinate the different needs you may have, such as prescriptions, medical tests, special dietary needs, respite care, personal assistance, day programs, etc. The minimum necessary amount of information will be used or disclosed to carry this out.

1.1.2 Payment

It is our policy to obtain specific written permission for every disclosure of protected health information to third parties. We may use and disclose medical/health information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your insurance plan information about psychiatric treatment or habilitation services you received at the agency so your insurance plan, or any applicable Medicaid or Medicare funds, will pay us for the services. We may also tell your insurance plan or other payor about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration.

1.1.3 Health Care Operations

We may use and disclose medical/health information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all our consumers receive quality care. For example, we may use medical/health information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many agency consumers to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and residents, and other agency personnel as listed above for review and learning purposes. We may also combine the medical/health information we have with medical/health information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. It may also be necessary to obtain or exchange your information with the Department of Children and Families (DCF) or other Florida state agencies. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific clients.

1.2 Uses or Disclosures of Medical/Health Information That Do Not Require Your Consent or Authorization

We will follow the provisions of 42 CFR Part 2 governing disclosure of protected health information. Except for the circumstances described below, we will not disclose protected health information to a third party without your written permission or a court order.

1.2.1 Individuals Involved in Disaster Relief

Should a disaster occur, we may disclose medical information about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

1.2.2 To Researchers Involved in Approved Research Projects

Under certain circumstances, we may use or disclose medical/health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who received one treatment to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with consumers' need for privacy of their medical/health information. Before we use or disclose medical/health information for research, the project will have been approved through this research approval process.

1.2.3 As Required By Law

We will disclose medical/health information about you when required to do so by federal, state or local law.

1.2.4 To Avert a Serious Threat to Health or Safety We may use and disclose medical/health information about you when necessary to prevent a serious threat to the health and safety to you, the public, or

any other person. However, any such disclosure would only be to someone able to help prevent the threat.

1.2.5 Emergency

If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

2.0 SPECIAL SITUATIONS

2.1 Public Health Risks

We may disclose medical/health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a consumer 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.

2.2 Health Oversight Activities

We may disclose medical/health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

2.3 Pursuant to Court Order

If you are involved in a lawsuit or a dispute, we may disclose medical/health information about you only in response to a court or administrative order.

2.4 Law Enforcement

We may release limited medical/health information to law enforcement in the following situations: (1) about criminal conduct at the agency; (2) about a consumer where a consumer commits or threatens to commit a crime on the premises or against program staff (in which case we may release the consumer's name, address, and last known whereabouts); and, (3) in emergency circumstances, to report a crime, the location of the crime or victims, and the identity, description and/or location of the person who committed the crime.

2.5 Coroners and Medical Examiners

We may release medical/health information to a coroner or medical examiner per FS §406.11. This may be necessary, for example, to identify a deceased person or determine the cause of death.

2.6 National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

2.7 Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will request your written authorization to release your medical/health information to coordinate services with the correctional institution for the following purposes: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

3.0 YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU

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

3.1 Right to Inspect and Copy

You have the right to inspect and copy your medical/health information with the exception of psychotherapy notes and information compiled in anticipation of litigation. To inspect and copy your medical/health information, you must submit your request in writing to this agency's Privacy Officer or designee. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical/health information, you may request that the denial be reviewed. We will comply with the outcome of the review.

3.1.1 Right to Request an Amendment

If you feel that medical/health 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 the agency. Requests for an amendment must be made in writing and submitted to the Privacy Officer or designee. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for the agency;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

3.1.2 Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures", a list of the disclosures made by the agency of your medical/health information. We are not required to include in this accounting any disclosures required to carry out treatment, payment and healthcare operations, any disclosures previously made to you, and disclosures made for national security or law enforcement purposes. To request an accounting of disclosures, you must submit your request in writing to this agency's Privacy Officer or designee. Your request must state a time period which may not go back more than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists in a twelve-month period, we may charge you for the cost of providing the list. We will notify you what the cost will be and give you an opportunity to withdraw or modify your request before you are charged.

3.1.3 Right to Request Restrictions

You have the right to request a restriction or limitation on the medical/health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about your family history to a particular community provider. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. However, we are not required to agree to your request. To request a restriction on the use or disclosure of your medical/health information for treatment, payment or health care operations, you must make your request in writing to the agency's Privacy Officer or designee. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

3.1.4 Right to Request Confidential Communications

We will contact you to remind you of your future scheduled appointments. You have the right to request that we communicate with you about medical matters 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 specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

3.1.5 Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may obtain a copy at any of our offices or by contacting the agency's Privacy Officer or designee. You may also obtain a copy of this notice at our website: www.nhtcinc.org

If you wish to exercise any of these rights, please contact:

Andrea Gates-Gonzalez, LCSW, QI Mgr. / Privacy Officer
New Horizons of the Treasure Coast, Inc.
4500 West Midway Road, Bldg A.
Fort Pierce, FL 34981
Telephone 772-672-8344
E-mail: agates-gonzalez@nhtcinc.org

4.0 CHANGES TO THIS NOTICE

We reserve the right to change this notice. We may make the revised notice effective for medical/health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register or are admitted for services to the agency we will have a copy available of the current notice in effect. A current copy of our Notice of Privacy Practices will also be available on our website: www.nhtcinc.org

5.0 COMPLAINTS

If you believe your privacy rights have been violated, you may:

- File a complaint with the agency, by contacting the Privacy Officer or designee.
- File a complaint with the Secretary of the Department of Health and Human Services. You may call them at 1-800-368-1019 or write to them at The U.S Department of Health and Human Services 200 Independence Ave. S.W., Room 509F HHH Building, Washington DC, 20201.
- All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

6.0 OTHER USES OR DISCLOSURES OF MEDICAL/HEALTH INFORMATION

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and remove your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information from the date of your revocation.



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