



NOTICE OF PRIVACY PRACTICES

Effective October 1, 2002

Revised January 10, 2024

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations and for any other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by contacting our Client Records Manager and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment. Information included in this Notice is based upon Federal Regulations 42 CFR, Part 2 and 45 CFR Parts 160 through 164 and Florida Statutes 397 and 381. Copies of this Notice of Privacy Practices are available at all Gulf Coast JFCS locations.

If you have any questions, please contact our Client Records Manager at the following address or phone number:

Client Records Manager
14041 Icot Boulevard Clearwater, Florida 33760
727-479-1800 ext. 3034

This Notice of Privacy Practices is provided to you as a requisite of the Health Insurance Portability and Accountability Act (HIPAA) and the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act.

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.

YOUR RIGHTS

You have the right to:

- **Inspect and copy your protected health information:** You may inspect and obtain copies of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that Gulf Coast JFCS uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. We may deny your request to inspect and copy in certain circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. To inspect and copy your protected health information you must contact the Client Records Manager at the address or phone number listed above. If you request a copy of protected health information, we may charge a fee. If there are psychotherapy notes you may not have access to, you may request a summary of your record from your therapist.
- **Request a Restriction of Protected Health Information:** You have the right to ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree to your request and if we do agree, we will still be required to comply with other laws in which the information may be needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Client Records Manager at the address listed at the beginning of this Notice. Your request must state the specific information to be restricted; if you want to limit our use, disclosure or both; and to whom you want the restriction to apply. At the client's request, health care providers may not disclose information about care the patient has paid for out-of-pocket to health plans, unless for treatment purposes or in the event the disclosure is required by law. Consistent with the Genetic Information Nondiscrimination Act (GINA), health plans are prohibited from using or disclosing genetic information for underwriting purposes.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Client Records Manager.
- **Amend Protected Health Information:** You have the right to request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement, and we will provide you with a copy of any such rebuttal within 60 days. Please make any request for amendment in writing to our Client Records Manager.

- **Receive an Accounting of Certain Disclosures:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It includes disclosures we may have made with your authorization to you, family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit any request for an accounting of disclosures in writing to our Client Records Manager. We may charge you a fee for the cost of providing the accounting.
- **An Electronic Copy of Electronic Records:** If your Protected Health Information is kept in an electronic format, you have the right to request your Protected Health Information be transmitted in an electronic format to you or another entity. We will provide a copy or a summary of your health information, usually within 30 days of your request. If an electronic format is not available/ producible, Gulf Coast JFCS will supply a hard copy to satisfy your request. We may charge you a minimal processing fee.
- **A Privacy Breach Notification:** You have a right to receive notifications whenever a breach of unsecured protected health information occurs. Gulf Coast JFCS will be required to notify members of any breaches of unsecure PHI. Generally, a breach is defined as unauthorized acquisition, access, use or disclosure of Protected Health Information which compromises the security or privacy of such information. Security and privacy are considered compromised when the disclosure poses a significant risk of financial, reputational, or other harm to the member.
- **A Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request. Gulf Coast JFCS will provide a notice to the individual client no later than the date of first service delivery, and a copy will be provided to you annually and at the time of any updates to Notice of Privacy Practices.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the agency clinical and administrative staff, and others outside of our agency that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and other required operational expenses to support your services.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a hospital or agency that provides treatment or care to you.
- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan (including Medicare and Medicaid) may undertake before it approves or pays for the health care services, we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, or undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
- **Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of Gulf Coast JFCS. These activities include, but are not limited to, quality assessment activities, employee review activities, or licensing. We will share your protected health information with third party "business associates" that perform various activities (e.g., transcription services) for the organization. Whenever an arrangement between our organization and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your clinician/case worker or Gulf Coast JFCS has taken an action relying on the use or disclosure indicated in the authorization. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Business Associates are required to maintain Protected Health Information to minimum necessary and require safeguarding your health information with the same standards as that of Gulf Coast JFCS.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts.

In these cases, we never share your information unless you give us written permission: Marketing purposes, sale of your information, most sharing of psychotherapy notes.

OTHER USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information without your authorization in the following situations:

- The disclosure is permitted by an appropriate court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is made to qualified personnel and grantees for research, or for program audit or program evaluation including peer review and utilization reviews of client records.
- The information disclosed relates to a report of child or elder abuse and/or neglect. Gulf Coast JFCS employees are required by law to report to the proper authorities any abuse or neglect incident that may be disclosed to staff. This report is made anonymously to the State of Florida if you are receiving substance abuse services.
- The information disclosed relates to a crime committed by a client or upon a client either at the program or against any person employed by Gulf Coast JFCS including threats to commit such crime.
- The information disclosed relates to state required reporting of communicable diseases.
- The disclosure is to the Department of Food and Drug Administration (FDA) when the FDA determines that an error in packaging or manufacturing a drug that is used in alcohol or drug treatment may endanger your health.
- To respond to organ and tissue donation requests.
- To the Coroner/Medical Examiner
- To avert a serious threat to health or safety (Court Order required for 42-CFR Part 2)
- When required by law. We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosure.
- Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of The Health Insurance Portability and Accountability Act (HIPAA) Section 164.500 et. Seq.
- Military and national security. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also disclose your PHI for reasons of national security.
- Disclosure for workers' compensation as required by law.

Complaints

You may file a complaint to our office by sending a letter addressed to:

Gulf Coast JFCS
Attn: Client Records Manager
14041 Icot Boulevard, Clearwater, Florida 33760.

We will not retaliate against you for filing a complaint.

You may also file complaints with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

Services are provided without any discrimination in compliance with the Americans with Disability Act (ADA). We provide reasonable accommodations to all those with a disability as defined under the ADA.

For more information regarding Notice of Privacy Practices see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.