

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice Requirements

Covenant House Florida, Inc. (CHF) is dedicated to protecting your personal information. We are required by federal and state law to maintain the privacy of your protected health information and to provide you with this Notice telling you about the law, your rights, and our privacy practices.

This Notice goes into effect on March 1, 2011 and will last until we replace it. If our privacy practices change, this Notice will change. CHF is required by law to abide by the terms of the most current Notice in effect. You will find the current Notice posted at Intake and in our Health Clinic. If you would like additional copies or to learn more, please contact us at the address listed at the end of this Notice.

Use and Disclosure of your Protected Health Information

Client confidentiality is extremely important to CHF. **In most cases, we must have your written permission before using or disclosing this information.** However, we might use or disclose (share) your information to provide care, to handle billing/payment activities, and to manage our services. For example, your information may be used by the nurses assessing your needs, by the case managers and behavioral health counselors for appropriate service referral, and by administrative personnel reviewing the quality of the care you receive.

We may also use and/or disclose your information in accordance with the federal and state laws for the following purposes:

Treatment: CHF may discuss your medical condition with doctors, nurses, technicians or hospital staff to arrange or provide medical treatment, including substance abuse testing and treatments, and mental health services. We may use your medical information to arrange transportation and coordinate the delivery of appropriate care.

Payment: CHF may use or disclose information related to your conditions, any treatments given to you, in order to arrange for reimbursement from agencies/organizations for which we have a grant/contract/funding agreement.

Health Care Operations: CHF may discuss or review your medical information to assure you receive quality care, to verify you are actually receiving the services that are scheduled, or to develop better ways to provide care. We may use your information to manage or purchase services. Health information may be used or disclosed as necessary for legal, auditing and management purposes.

Other Uses and Disclosures

CHF may contact you to arrange your appointments or your eligibility interviews or to provide you with information about new medications, treatments, benefits and services that are available.

CHF may provide information to government officials as required or allowed by law for:

- Public Health and Disease Reporting
- Health Oversight (Physician Licensing, Federal Drug Administration, Department of Health and Human Services, Research, Audits and Investigations)
- Judicial Requests (Subpoenas, trials, Court Hearings)
- Law Enforcement purposes
- Reporting and Investigating Deaths (the Medical Examiner)
- Military or Intelligence activities.
- Workers' Compensation issues
- Responding to threats to public safety from unsafe products, unsafe drinking water, or disease
- Cases of abuse, neglect, domestic violence and other crimes.

CHF may provide information to:

- Licensed researchers or care groups, who are under strict rules regarding how they use and disclose protected health information. Those researchers or medical review members may use information about individuals with your condition for a study to improve ways to treat or manage diseases like high blood pressure, cancer, or diabetes

- Hearing and Appeals groups to resolve disputes, render opinions, provide independent reviews.
- Other providers of medical services involved in your care
- Responders in Emergency Situations
- Others as required or allowed by law.

Authorizations:

You may authorize CHF to use or disclose information, to restrict access to your information, or to object to use of your information in certain situations. When an authorization is received, we will use that authorization until it expires or you change or revoke (or cancel) it. If you revoke your permission, we will no longer use or disclose the protected health information covered in the written authorization you revoked.

We will not use or disclose your medical/health information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To revoke or cancel your Authorization, you may contact your Case Manager or other Floor staff.

Your Individual Rights

You have the following rights with respect to your medical/health information:

- You may ask us to restrict certain uses and disclosures of your medical//health information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical/health information. This right is subject to certain specific exceptions.
- You may ask us to amend your medical/health information. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical/health information made by CHF while you are receiving services, except for disclosures for treatment, disclosures which you authorized and certain other specific disclosure types.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please contact your Case Manager.

Questions and Complaints

If you have any questions or complaints about the way CHF handles your protected health information or if you believe your privacy rights have been violated, you may complain by contacting the HIPAA Privacy Officer at 733 Breakers Avenue, Fort Lauderdale, FL 33304, telephone number (954) 561-5559. You can also contact the Secretary of the U.S. Department of Health and Human Services. Please note that there will be no retaliation against you for filing a complaint or for making requests regarding your health care information or if you disagree with CHF decisions about your protected health information.

Notice Updates

CHF may need to change its privacy practices from time to time. Before making such changes however, CHF will modify this Notice and begin distributing it to youth when they are admitted to CHF. It will also be posted at Intake and in the Health Clinic. These new practices will then apply to all information held by CHF. At any time, you have a right to get a paper copy of the latest version of this Notice by contacting your Case Manager or Floor Staff.