

Adoption Related Services of Pinellas
8800 49th Street N. Suite 212 ♦ Pinellas Park, FL 33782
Fax: (727) 865-5178

NOTICE OF PRIVACY PRACTICES

Please review this notice carefully and ask your provider any questions you have about the information contained within it. Adoption Related Services of Pinellas (herein referred to as the "Organization") is required by federal and state laws to protect your privacy and guard against unnecessary disclosure of the information contained in our records (called "*protected health information*" or *PHI*). The Privacy Rule protects your protected health information in any form or media, whether electronic, paper, or oral.

Your Protected Health Information Includes:

- Demographic information (e.g., name, address, birth date)
- Past, present or future physical or mental health or condition (e.g., symptoms, diagnosis, medications, and your prognosis)
- Past, present, or future payment for the provision of health care (e.g., claims to you and/or your insurance company)
- Appointment times and dates

YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS:

- **Treatment** is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers and referrals to other providers.
- **Payment** encompasses activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual. Your PHI may be included on billing to collect payment from third parties for the services you receive.
- **Health Care Operations** are any of the following activities:
 - quality assessment and improvement activities, including case management and care coordination
 - competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation
 - conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs
 - specified insurance functions, such as underwriting, risk rating, and reinsuring risk
 - business planning, development, management, and administration
 - business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

THE FOLLOWING PROTECTED HEALTH INFORMATION HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT RECEIVING YOUR WRITTEN AUTHORIZATION OR PERMISSION:

Public Interest and Benefit Activities

1. Required by Law

The Organization may use and disclose protected health information without individual authorization as *required by law* (including by statute, regulation, or court orders).

2. Public Health Activities

The Organization may disclose protected health information to: public health or other government authorities authorized to receive reports of child abuse and neglect.

3. Victims of Abuse, Neglect or Domestic Violence

In certain circumstances, the Organization may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

4. Health Oversight Activities

The Organization may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

5. Judicial and Administrative Proceedings

The Organization may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

6. Law Enforcement Purposes

The Organization may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

7. Decedents

The Organization may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.

COMMUNICATIONS

8. Appointment Reminders

The Organization may contact you as a reminder that you have an appointment.

9. Treatment Alternatives

The Organization may contact you about or recommend possible treatment options or alternatives that may be of interest to you.

We may ask for informal permission to allow you the opportunity to agree or object to the sharing of your Protected Health Information. In emergency situations, we will use professional judgment to use or disclose information that is in your best interest. We will take precautions to only share the minimum necessary information in circumstances where your authorization or permission is not obtained and where allowed by the Privacy Rule.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

The Organization must obtain written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule as stated above.

Progress notes of your sessions are a separate category with their confidentiality so protected that you must give specific written permission to release them except for the following:

- Defending ourselves in legal proceedings
- Investigate or determine our compliance with the Privacy Rules
- Avert a serious and imminent threat to public health or safety
- As required by law

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

1. Right to Access

You or your representative have the right to request to inspect and copy your health information, including billing records. A request must be made in writing. Your request may be denied if I think that providing your protected health information may endanger your life or physical safety or that of another person.

2. Right to amendment

You or your representative have the right to request that corrections or additions be made to your protected health information if you believe that it is incorrect or incomplete. You or your health professional may add information to your record, but nothing will be removed. Under HIPAA regulations, your request does not require me to change anything in your health records. However, if we deny your request, we will provide you with a written explanation. If we accept your request to change or add information, we will make reasonable efforts to inform persons authorized to receive this information of the change/addition and to include the change/addition in any future sharing of your protected health information.

3. Right to a Disclosure Accounting

You or your representative have the right to request an accounting of disclosures of your health information made by the Organization for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing.

4. Right to Restriction Request

You or your representative may request restrictions on certain uses and disclosures of your health information. However, we are not required to agree to these additional restrictions if we have substantial reasons for not honoring your request.

5. Right to Confidential Communication

You or your representative may request that we use an alternative way to communicate with you in a confidential manner or communicate with you at an alternative location about your protected health information. This request must be made in writing.

6. Right to Copy of Notice of Privacy Practices

You or your representative may receive a copy of this notice of privacy practices at any time if it is requested.

7. Right to Express Complaints

If you or your representative believe that your privacy rights have been violated, you have the right to express complaints to the Organization. We encourage you to express any concerns you may have regarding the privacy of your information. There will never be any type of retaliation against you for filing a complaint. Complaints can also be filed with the Secretary of the Department of Health and Human Services (DHHS, 330 Independent Ave SW Washington, DC 20201, toll free phone number 1-877-969-6775).

DUTIES OF THE ORGANIZATION

- We are required to abide by the terms of this notice and to provide to you or your representative this Notice of Privacy Practices. However, we reserve the right to change the privacy practices and the terms of this notice at any time, provided the changes are permitted by law or are to meet any new requirements implemented by law for the benefit of your protected health information.
- Before we make any important changes in the privacy practices, we will revise this notice and make the new notice available to you at the first available opportunity following the revisions.
- Any changes in the privacy practices and the new terms of this notice will be effective from the date of the revision forward for all protected health information in your designated record set.
- We are required to designate a Privacy Officer as a contact person for all issues regarding client privacy and your rights under the federal privacy standards.

ACCESS TO PROTECTED HEALTH INFORMATION:

If you wish to access your Protected Health Information, please provide a written request to the **Privacy Officer**:

Linda Eaton, LMHC
8800 49th Street N. Suite 12
Pinellas Park, FL 33782
Phone: (727) 423-7811
Fax: (727) 865-5178

EFFECTIVE DATE

This Notice is effective May 1, 2010