

## **OUR NOTICE OF PRIVACY PRACTICES -HIPAA**

### **Mental Health of America of East Central Florida (MHAECF)**

**Effective Date: March 31, 2021 (Our Address Change 1/01/2024)**

#### **DISSEMINATION OF PRIVACY PRACTICES**

All clients, consumers, and employees of Mental Health America will be provided with a copy of the updated Privacy Practices upon admission, employment or as a volunteer. A signature will be required and will be maintained to acknowledge receipt of the Privacy Practices in consumer, volunteer, or employee files. Existing clients, consumers, employees, volunteers and other personnel will be provided this copy by April 30, 2021.

A signature will be required and will be maintained to acknowledge receipt of the Privacy Practices. In addition, employees, volunteers and any other personnel will acknowledge training on Privacy Practices and signatures will be maintained in files.

In addition, Privacy Practices information will be displayed in prominent locations in all Mental Health America of East Central Florida's sites.

This notice describes how your protected health information may be used and disclosed and how you can access this information. Please review it carefully.

#### **Who Will Follow This Notice**

All departments and locations of Mental Health America of East Central Florida

All employees, staff, and other personnel of this facility

Any healthcare professional authorized to enter information in your medical record while in this facility.

Any volunteers that we allow to help you while in this facility.

#### **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

We understand that your protected health information about you and your health is personal. We are committed to protecting your protected health information. We create a record of the care and services that you receive from us. We need this this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your records of care generated by MHAECF.

This notice will tell you about the ways in which we may utilize and disclose medical information about you. We also include your rights and certain obligations that we have in regarding the use and disclosure of medical information. We are required by law to;

Make sure that medical information that identifies you is kept private.

Notify affected individuals following a breach of unsecured protected health information.

Give you this Notice of our legal duties and privacy practices with respect to protected information about you.

Follow the terms of the Notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the different ways that we can use and disclose protected health information.

### **AS REQUIRED BY LAW**

We will disclose protected health information about you when we are required to by federal, state, and local law. For example, Florida Law requires us to do so when certain injuries may be the result of unlawful activity.

### **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the safety of the public or another person. Any disclosure would be to someone who is able to respond to the threat.

### **SPECIAL SITUATIONS**

#### ***PUBLIC HEALTH ACTIVITIES***

We may disclose protected health information about you for public health activities when allowed or required by law. Examples include a public health emergency and issues related to domestic violence.

#### ***HEALTH OVERSIGHT ACTIVITIES***

We may disclose protected health information to a health oversight agency for activities authorized by law such as the Department of Children and Families (DCF) and Lutheran Services Florida (LSF). These activities are necessary for the government to monitor the system, government sponsored programs and compliance with Civil Rights. Examples of oversight include audits, inspections, investigations, and licensure.

#### ***LAWSUITS AND DISPUTES***

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

#### ***LAW ENFORCEMENT***

We may release protected health information if asked to do so by a law enforcement official in response to a crime, a fugitive or a material witness.

#### ***NATIONAL SECURITY, INTELLIGENCE ACTIVITIES, AND PROTECTIVE SERVICES***

We may release protected health information about you to authorized federal officials for national security activities authorized by law.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

### ***RIGHT TO ACCESS***

You have the right to access protected health information that may be used to make decisions about your care. This request needs to be put in writing and sent to the address at the end of this notice.

### ***RIGHT TO AMEND OR CORRECT***

If you feel the protected health information is incorrect or incomplete you may ask us to amend or correct this information. This request needs to be in writing and submitted to the address at the end of this notice. This request may be denied if it is not in writing or does not include a reason to support the request.

### ***RIGHT TO AN ACCOUNTING OF DISCLOSURES***

You have the right to request an “accounting of disclosures”. This is a list of disclosures we made of protected health information about you, other than for treatment, payment, or health care operations as listed above.

### ***RIGHT TO REQUEST RESTRICTIONS***

You have the right to request a restriction or limitation on medical information we use and disclose about your treatment and care. You also have the right to limit protected health information we share with those involved in your care such as family or friends. To request restrictions, you must put this in writing and include what information you want to limit, whether you want to limit use or disclosure or both, and to whom you want the limits to apply. This request must be sent to the address at the end of this notice. Your requests will be complied with unless the information is needed to provide emergency treatment or care.

### ***RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS***

You have the right to request that we communicate with you about your protected health information in a certain way or in a certain location. For example, you can ask that we contact you via mail or cell phone. To request confidential communications, you must make your request in writing to the address at the end of this notice. 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.

### ***RIGHT TO A PAPER COPY OF THIS NOTICE***

You have a right to a paper copy of this notice. You may obtain a copy of this notice electronically if agreed and still request a paper copy. This notice will be displayed on our website at [mhavolusia.org](http://mhavolusia.org). To request a paper copy contact us at the address listed at the end of this notice.

## **INQUIRIES ABOUT THIS NOTICE, EXERCISE OF PRIVACY RIGHTS, AND COMPLAINTS**

If you have questions about this Notice or wish to exercise your rights described in this Notice, or you believe that your privacy rights have been violated, you may contact us at:

Mental Health America of East Central Florida

661 Beville Rd Suites 114 & 115

South Daytona , Fl. 32119

(386) 252-5785

All complaints must be submitted in writing and you will not be penalized for filing a complaint. You will not be penalized or retaliated against for filing a complaint. A complaint may also be filed with the U.S. Department of Health and Human Services at the following address:

U.S. Department of Health and Human Services

Atlanta Federal Center

Suite 3B70, 61 Forsyth St., SW

Atlanta, GA 30303-8909

Phone (404) 562-7886; Fax: (404) 562-7881

TDD: (404) 331-2867

#### **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you make revoke this permission is writing at any time. If you revoke your permission, we will no longer use or disclose protected health information for the reasons covered in the written authorization. Understand that we are unable to take back any disclosures we have already made with your written permission, and that we are required to maintain our records of care that have been provided to you. Examples of uses and disclosures for which your specific written authorization is required, subject to exceptions described in the privacy regulation include:

Psychotherapy Notes

Marketing

Sale of protected health information

#### **DISCRIMINATION IS AGAINST LAW**

Mental Health America of East Central Florida complies with the applicable Federal Civil Rights Laws and does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex.

If you feel your rights have been violated you can reach out to Mental Health America of East Central Florida where you can file a grievance in person, by mail, email or fax. In addition, you can file a complaint with the Office of the Chief Inspector General, the Agency Inspector General, the Florida Commission on Human Rights or the Whistleblowers Hotline Number at 1-800-543-5353. You can also

file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

Atlanta Federal Center

Suite 3B70, 61 Forsyth St., SW

Atlanta, GA 30303-8909

Phone (404) 562-7886; Fax: (404) 562-7881

TDD: (404) 331-2867