



Family Resource Center of South Florida, Inc.
155 S. Miami Ave Suite 400 Miami, FL 33130
Phone 305-374-6006 / Fax 305-374-6595

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.

Our agency is dedicated to protecting your medical information. We are required by law to maintain the privacy of protecting health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. Our agency practice is required by law to abide by the terms of this Notice.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for 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 and future physical or mental health or condition and related health care services.

Our agency is 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 affective 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. You can request a revised notice from your case manager or other agency staff involved in your care.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your medical information as part of rendering client care. For example, your medical information may be used by the therapist, psychiatrist and/or case manager treating you, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality of the care you receive, employee review activities, licensing, accreditation, contracting or arranging for other business activities.

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

Treatment Information

We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to the Department of Health and Human Services

We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Disaster Relief

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Health Oversight Activities

We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and to conduct public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigation, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Abuse or Neglect

We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings

We may disclose your medical information in the course of certain judicial or administrative proceedings.

Law Enforcement

We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

Coroners, Medical Examiners and Funeral Directors

We may disclose your medical information to a coroner, medical examiner or a funeral director.

Organ Donations

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Public Safety

We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Business Associates

We may disclose your health information to a business associate with whom we contract or provide services on your behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our clients.

AUTHORIZATIONS

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

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

You have the right to ask questions concerning the Notice of Privacy Practices.

You have the right to request a copy of your record or to request to amend your records.

All requests must be submitted in **writing** to your Full Case Manager or Full Case Manager Supervisor.

You may ask us to restrict certain uses and disclosures of your 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 health information. This right is subject to certain specific reasons. 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 a right to receive an accounting of the disclosure of your health information made by our agency during the last six years (or following April 14, 2003).

You may request a paper copy of this Notice of Privacy Practice for Protected Health Information.

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:

Quality Assurance/Quality Improvement Supervisor or Oren Wunderman
155 S. Miami Ave Suite 400 Miami, FL 33130
305-374-6006
Please send all request / complaints in writing

THIS NOTICE IS EFFECTIVE AS OF _____ .
If no date is entered, this Notice is effective on April 14, 2003

REVISION OF NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will make paper copies of the revised Notice of Privacy Practices available upon request.