

FLORIDA UNITED METHODIST CHILDREN'S HOME



NOTICE OF PRIVACY PRACTICE/ RECEIPT ACKNOWLEDGEMENT

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.

Effective Date: April 14, 2003

We respect patient confidentiality and only release medical information about you in accordance with the Florida and federal law. We are required to provide you with this notice which describes our legal duties and privacy practices related to the use of the records of your care generated by the Florida United Methodist Children's Home. The Florida United Methodist Children's Home agrees to follow the terms of this notice.

We will not disclose your Personal Health Information to any other company or individual for their use in marketing their products to you.

Privacy Officer. If you have any questions about this policy or your rights contact the Privacy Officer at 386-668-4774, by writing to Privacy Officer, Florida United Methodist Children's Home, 51 Children's Way, Enterprise, FL. 32725.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your medical information with others beyond our agency. This includes for:

Treatment. We may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our agency that we are consulting with or referring you to. Examples are Doctors, dentists, schools, pharmacies, camping programs, visiting resources, referral sources, and other involved providers.

Payment. Information will be used to obtain payment for the treatment and services provided. This will include contacting your Health Insurance Company and Behavioral Health Services for eligibility and prior approval of planned treatment or for billing purposes.

Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff and coordinating off campus activities.

Fundraising. As a not for profit provider of health care services we need assistance in raising money to carry out our mission. We may contact you to seek a donation.

Alumni Association. All residential clients are listed in an alumni directory that is separate from the Protected Health Information and will be kept confidential and used only to verify an alumnus. This will allow clients to re-associate themselves with the Florida United Methodist Children's Home through the Alumni Association in the future if they should so desire.

Follow Up Appointments. We will be contacting you to remind you of future appointments.

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

INFORMATION DISCLOSED WITHOUT YOUR CONSENT.

Under Florida and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing such as illness or accident.

As required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, institutional abuse, and filing runaway reports.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to healthcare.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

If none of the above reasons apply, then we must get your written authorization to use or disclose your Protected Health Information.

Once you give us authorization to release your Protected Health Information we cannot guarantee that the person to whom the information is provided will not disclose the information.

CLIENT RIGHTS

You have the following rights under Florida and federal law:

Copy of Record. You are entitled to inspect your Personal Health Information the Florida United Methodist Children's Home has generated about you. To inspect and obtain a copy of your Personal Health Information, you must submit your request in writing to Privacy Officer, Florida United Methodist Children's Home, 51 Children's Way, Enterprise, Florida 32725. However, certain types of Personal Health Information will not be made available for inspection and copying. This includes Personal Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review. We may charge you a reasonable fee for copying and mailing your record.

Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care.

You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record. You have the right request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or a friend. While we consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request and if it is understood that such request will not affect any action taken by the Florida United Methodist Children's Home in reliance on the authorization prior the restriction. This request must be in writing to Privacy Officer, Florida United Methodist Children's Home, 51 Children's Way, Enterprise, Fl. 32725. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions of Personal Health Information uses or disclosures that are legally required, or which are necessary to administer our agency.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such requests as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the Privacy Officer and ask for the *Request to Amend Health Information* form. In certain cases, we may deny your request. If we deny your request for an amendment you have the right to file a statement that you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your medical information, except for information we used for treatment, payment, or health care operations purposes, or that we shared with you or your family, or information that you gave us specific consent to release, or disclosures included in our privacy notice. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our Privacy Officer. We will notify you of the cost involved in preparing this list.

Questions and Complaints. If you have any questions, or wish a copy of this policy or have any complaints you may contact our Privacy Officer in writing at our office for further information. You also may complain to the Secretary of Health and Human Services if you believe Florida United Methodist Children's Home has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy. The Florida United Methodist Children's Home reserves the right to change its Privacy Policy based on the needs of our agency and changes in state and federal law at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we already have about you as well any Personal Health Information we receive in the future. Current clients will receive a copy by mail. Other interested parties can check with our web page at Allchildrenfirst.org or may contact the Privacy Officer to request a paper copy. This Privacy Notice is posted in prominent areas on Campus for your information.