



Privacy Notice

NOTICE OF PRIVACY PRACTICES

Effective March, 2003

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This Notice describes how protected health information about you may be used and disclosed and how you can get access.

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.

If you have any questions about this Notice please contact, our Privacy Officer at the following address and phone number:

Privacy Officer
11254 58th Street North
Pinellas Park, FL 33782
(727) 545-6477 ext. 303

Information included in this Notice is based upon Federal Regulations 42 CFR, Part 2 and 45 CFR Parts 160 through 164 and Florida Statutes 397 and 381.

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

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the medical staff, our agency staff and



others outside of our agency that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the organization.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to another agency that provides care to you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of Personal Enrichment through Mental Health Services, Inc. These activities include, but are not limited to, quality assessment activities, employee review activities, train staff and students, and licensing. We will share your protected health information with third party “business associates” that perform various activities (i.e. transcription services) for the organization. Whenever an arrangement between our organization and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your clinician/case worker or Personal Enrichment through Mental Health Services, Inc. has taken an action relying on the use or disclosure indicated in the authorization. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your



authorization. These situations include: The disclosure is permitted by an appropriate court order. The disclosure is made to medical personnel in a medical emergency. The disclosure is made to qualified personnel and grantees for research, or for program audit or program evaluation including peer review and utilization reviews of client records. The information disclosed relates to a report of child abuse and/or neglect. Personal Enrichment through Mental Health Services, Inc. employees are required by law to report to the proper authorities any abuse or neglect incident that may be disclosed to staff. The information disclosed relates to a crime committed by a client either at the program or against any person employed by Personal Enrichment through Mental Health Services, Inc. including threats to commit such crime. The information disclosed relates to state required reporting of communicable diseases. The information disclosed relates to a suspected case of elder abuse/neglect and is made anonymously to the State of Florida. The disclosure is to the Department of Food and Drug Administration (FDA) when the FDA determines that an error in packaging or manufacturing a drug that is used in alcohol or drug treatment may endanger your health. Coroner/Medical Examiner. 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 health and safety of the public or another person. Any disclosure, however, would only be made to someone able to help prevent the threat, i.e. law enforcement Coroner/Medical Examiner. (Court order required for 42 CFR Part 2). When required by law. We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of The Health Insurance Portability and Accountability Act (HIPAA) Section 164.500 et seq.

YOUR RIGHTS

Right to Inspect and Copy Protected Health Information: You may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that Personal Enrichment through Mental Health Services, Inc. uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. We may deny your request to inspect and copy in certain circumstances. Depending on the circumstances, a decision to deny access may be reviewable. To inspect and copy your protected health information you must contact the Privacy Officer or Health Information Services Department at Personal Enrichment through Mental Health Services, Inc. Department hours are 9 AM – 4 PM, Monday through Friday. Please call (727) 545-6477, ext. 303. If you



request a copy of protected health information we may charge a fee.

Right to Request a Restriction of Protected Health Information: You have the right to ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer at the address listed at the beginning of this Notice. Your request must state the specific information to be restricted; if you want to limit our use, disclosure or both; and to whom you want the restriction to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

Right to Amend Protected Health Information: You have the right to request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please make any request for amendment in writing to our Privacy Officer.

Right to Receive an Accounting of Certain Disclosures: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made with your authorization to you, to family members, or to friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit any request for an accounting of disclosures in writing to our Privacy Officer. We may charge you a fee for the cost of providing the accounting.

COMPLAINTS

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. If you believe your privacy rights have been violated by us. You may file a complaint with us by sending a letter addressed to our Privacy Officer, 11254 58th Street North, Pinellas Park, FL 33782. We will not retaliate against you for filing a complaint. Copies of this Notice of Privacy Practices are available at all Personal Enrichment through Mental Health Services, Inc. facility locations.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice. We reserve the right to make the revised notice effective for protected health information



we already have about you as well as any protected health information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date. In addition, we will offer you a copy of the current notice in effect. This notice may also be reviewed by accessing our website at www.pemhs.org.

PEMHS