

APALACHEE CENTER, INC.
Notice of Privacy Practices

This notice describes how clinical information about individuals served may be used and disclosed, and how clients can get access to this information. Please read it carefully.

Your privacy is important to us. We want you to understand:

- Who will follow this NOTICE.
- The common ways in which we may use and share your medical information.
- How you can enable better care from other providers that you see.
- The ways in which we may use and share your medical information without your permission.
- Your rights concerning your medical information.
- How to file a complaint about your privacy.

Who will follow this NOTICE?

- This NOTICE applies to Apalachee Center, Inc. (Apalachee) and all of its employees.
- The law requires us to maintain the privacy of your medical information and to tell you our duties and practices regarding your medical information. These duties and practices include notifying you of a breach (improper sharing of your data).
- The law requires us to follow the terms of our current NOTICE. We reserve the right to make changes to this NOTICE, which may include new privacy provisions about the medical information that we keep. IF we make any changes, we will give you a copy of the new NOTICE the next time you visit us. The latest version of the NOTICE can always be found on our website at apalacheecenter.org. You have the right to a paper copy even if you have received an electronic version from our website.

What are the common ways in which we may use and share your medical information (including psychotherapy notes)?

- **Treatment Purpose:** We will share your information with those who are caring for you. As such, we may disclose your health information from time-to-time to a specialist, pharmacist, and laboratory or to other providers who are assisting Apalachee in your care and treatment.
- **Payment Purposes:** We may share your medical information with the insurance company paying for your care.
- **Health Care Operations:** We may use your medical information to improve the way we provide care to you and others. For example, a team of experts from our staff may review your medical information to ensure quality of care.
- **Appointment Reminders:** We may call you or send you a letter to remind you about your appointment. Please tell us if you do not want your information used in this way.
- **Sign-In Sheets:** We may use sign-in sheets in our offices and call your name when the doctor is ready to see you.
- **Research:** We may share your information for research. If we do this, the law requires us to take extra steps to protect your privacy and tell why we will be using your information.
- **Family and Others in Your Personal Life:** If you ask us to share specific information with a specific person, then we may do so. Otherwise, we will not share any information with these persons unless we are required to do so by law.
- **Satisfaction Surveys:** We may send a survey to you in the mail. Your answers will help us provide better care.
- **Specific Releases Authorized By You:** This is a release requested, signed, and dated by you that identifies what is to be released, to whom the information is to be released, and the reason for the release.

How can you enable better care from other providers that you see?

- In the future, we will be part of a Health Information Exchange (HIE). This HIE receives medical information in an electronic (not Paper) Form, and makes it available to other health care providers to enable improved treatment. With your authorization (by opting in), we can share a limited part of your medical information, including mental health and substance abuse information, with the HIE so your other care providers can better serve you. You have the right to participate (opt in) or not participate (opt out) at any time.

In what other ways may we use and share your medical information without your permission (including psychotherapy notes)?

- **As Required By Law:** We must contact the police if we suspect you are involved in child abuse or neglect.
- **To stop a serious threat to the health or safety of someone or the public:** We have a duty to warn others if we feel you could cause them harm.
- **Law Enforcement:** We may contact the police if we believe you are a victim of abuse. We may also contact the police if you commit a crime at our facility.
- **Public Health:** We may share your medical information with a public agency, such as the Centers for Disease Control and/or the Local County Health Department.
- **Reviews by Outside Agencies:** We may share your medical information when being reviewed by outside agencies that have authority over us. This includes state, federal and other licensing agencies. Certain identifying, demographic, and clinical

information pertaining to persons receiving Federal, State and/or Leon County supported services will be reported to the Big Bend CoC HMIS System, Department of Children & Families and Leon County HSCP Management System.

- **Court Order:** We may share your medical information when responding to an appropriate legal process such as a court order or when initiating involuntary court proceedings (Baker Act / Marchman Act).
- **Children:** In some cases we may not share your child's medical information with you. For example, there are times when your child can seek care without your permission.
- **In Case of Death:** We may share limited medical information with the medical examiner.
- **Inmates:** If you are a prisoner, we may share your information as appropriate.
- **National Security:** We may share your medical information as required by law for national security purposes.
- **For Protection of President and Other Important Leaders:** We may share your medical information as required by law for protection of the President and other important leaders.

We will not share your medical information for reasons other than noted above without your written authorization. This includes not sharing information for marketing and fund raising.

What are your rights concerning your medical information?

- **Right To Request Restrictions:** You can ask us not to share your medical information for treatment, payment, and health care operations. IF you do not want us to share information with or bill your insurance you will be expected to pay in full for your services. Please note, if you need emergency medical treatment we may share your medical information even if you have asked us not to.
- **Right to Revoke Authorizations:** You have the right to revoke your authorization at any time. Your revocation must be in writing.
- **Right to See and Get a Copy:** You have the right to see and get a copy of your medical information for as long as we have it. We may charge a fee for giving you a copy. If requested by you, this can be provided in an electronic format, paper, or fax. Sometimes the law does not allow us to let you see all or parts of your medical information. If this happens, you can appeal our decision. Your appeal must be in writing.
- **Right to Request Confidential Communications:** You can ask us to contact you in certain ways. For example, you can ask that we not send your bills or appointment reminders to your home address or call you at your work number. This request must be made in writing and tell us how you would like to be contacted. We will agree to reasonable requests.
- **Right to Change Information:** You can ask us to change your medical information. For example, you can ask us to correct errors such as your date of birth. This request must be made in writing. The law does not require us to agree to your request. If we deny your request to change your medical information, you can appeal our decisions. Your appeal must be made in writing.
- **Right To An Accounting:** You can ask us to give you a list of people we have shared your medical information with. This does not include information shared for treatment, payment, and healthcare operations. This also does not include information shared at your request. This request must be made in writing. We are required to keep track of your shared information for six years. This right starts on April 14, 2003 and we will not have any information prior to that date. If you request more than one accounting in a twelve- month period, we may charge you a fee.

Right to a Paper Copy of This NOTICE: If asked, we will give you a paper copy of this NOTICE.

How can you complain about our handling of your privacy?

- You have the right to complain if you feel your privacy rights have been violated by anyone who works for Apalachee Center, Inc. There will be no retaliation against you for filing a complaint. The quality of health care or services we provide will not be affected in any way because a complaint was filed.
- We ask that you please give us the opportunity to resolve any issues you have concerning your privacy. If you have any concerns about your privacy or feel any of your privacy rights have been violated, please file a written complaint with the Apalachee Privacy Officer at the address below. If you prefer, we will be happy to assist you in completing a written complaint. You can call us at (850) 523-3205 for assistance.

Privacy Officer, Apalachee Center, Inc., 2634 J Capital Circle N.E., Tallahassee, FL 32308, (850) 523-3205

- You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, but we ask that you first allow us the opportunity to correct any issues you may have concerning your privacy.

**U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW, Atlanta GA
Phone: (404) 562-7886 Fax: (404) 562-7881 ORRCComplaint@hhs.gov**