



NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review carefully.

At Families First we are committed to protecting the personal information we obtain about you while providing services through our continuum of child and family services. We are required by law to follow the privacy practices described in this Notice. We may change our privacy practices at any time. The revised privacy practices will be set forth in a revised Notice and will be effective for all health information that we maintain at that time. Upon your request, we will provide you with a copy of the most recent notice. A current copy of our Notice of Privacy Practices will be posted on the website www.familiesfirstpbc.org.

WHO WILL FOLLOW THIS NOTICE

- Any health professional authorized to enter information into your record
- All Families First staff members.
- All the above entities, sites and other locations will follow the terms of this notice. In addition, these entities sites, and locations may share health information with each other for purposes of treatment.

1. **Uses and Disclosures.** Your health information may be used and disclosed by Families First in order to provide services to you. Other uses or disclosures will be made only with your authorization and at any time you have the right to revoke such authorization. The following are examples of such uses and disclosures:

- Treatment.** We will use or disclose your 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 third parties that have already obtained your permission to have access to your health information. In addition we may disclose your health information to another entity or health care provider who becomes involved in your care by providing assistance with your health care or treatment. Information obtained by Families First employees will be included in your record and used to determine the course of your treatment. Employees involved in your care will communicate with one another personally about your treatment.
- Payment.** Your health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance provider may undertake before it approves or pays for the health care services that we recommend 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. We may use and disclose treatment information about you so that the treatment and services you receive may be billed to and payment may be collected.
- Healthcare Operations.** We may use or disclose, as needed, your health information in order to support the business activities of Families First. These activities include, but are not limited to, quality assessment and improvement activities, employee review activities, training of students (interns), licensing, marketing, and fundraising, and conducting or arranging for other business activities. We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use or disclose your health information for other marketing activities. We may use or disclose your demographic information and the dates that you receive treatment from Families First. Families First may use your treatment information for performance improvement activities, record review activities, etc.
- Business Associates.** We may disclose health information to other persons or organizations, known as business associates, who provide services on our behalf under contract. To protect your health information, we require our business associates to appropriately safeguard the information we disclose to them.
- Some Examples.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. We may use or disclose health information to tell you about or recommend possible treatment options or alternatives of interest.

- 2. Uses and Disclosures Allowed or Required by Law.** We may use or disclose your health information in the following situations as allowed or required by law:
- a. Required by Law.** We may use or disclose your health information if we are legally required to do so. We will limit the use of disclosure to that required by such law.
 - b. Public Health.** We may use or disclose health information to a public health authority for purposes of controlling disease, injury or disability. We may also disclose your health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
 - c. Communicable Diseases.** We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
 - d. Health Oversight.** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and entities subject to civil rights laws.
 - e. Abuse or Neglect.** We may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
 - f. Food and Drug Administration.** We may disclose your health information to a person or company required by the Food and Drug Administration (FDA) for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities.
 - g. Legal Proceedings.** We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions, in response to a subpoena, discovery request or other lawful process.
 - h. Law Enforcement.** We may disclose health information, so long as applicable legal requirements are met, for law enforcement purposes.
 - i. Coroner, Funeral Directors, and Organ Donation.** We may disclose health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
 - j. Research.** We may disclose your health information to researchers when their research has been approved by a privacy board or an institutional review board.
 - k. Criminal Activity.** Consistent with applicable federal and state laws, we may disclose your health information, if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
 - l. Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your health information to authorized deferral officials for conducting national security and intelligence activities, including providing protective services to the President of the United States or others.
 - m. Correctional Institutions.** If you are an inmate or in legal custody, we may disclose to the correctional institution or law enforcement official having legal custody of you, certain health information if necessary for health and safety purposes.
 - n. Compliance.** Under the law, we must make disclosures of health information to the Secretary of the Department of Health and Human Services to enable it to investigate or determine our compliance with the requirements of the privacy laws.
 - o. Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.
 - p. Additional Situations.** Other uses or disclosures of your health information not covered by this notice or the laws that apply to Families First, may be made only with your written permission. If you provide Families First with this permission you may revoke that permission at any time.

- 3. Your Rights.** Following is a statement of your legal rights with respect to your health information and a brief description of how you may exercise these rights.
- a. Access.** You have the right to look at or get copies of your medical information, with limited exceptions: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civic, criminal, or administrative action or proceeding; and certain laboratory information restricted by federal law. Our office may charge you a reasonable fee for copying, mailing, labor and supplies associated with your request. Any request for access to or copies of your health information must be in writing and provided to our Privacy Officer. If your request for access to or copies of your health information is denied, you may, depending on the circumstances, have a right to have a decision to deny access reviewed. We will provide you, in writing, with our reasons for denial of access and, if, by law, you are allowed to have such denial reviewed, we will provide you with instructions for having a denial of access reviewed.
 - b. Restrictions.** You may ask us to restrict the use or disclosure of any part of your health information to carry out treatment, payment, or healthcare operations. You may also request that any part of your health information not be disclosed to family, relatives or friends who may be involved in your care or to notify them of your location, general condition or death. In addition, you may request that we restrict the use and disclosure of your health information for disaster relief efforts. Your request must be in writing addressed to our Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit the use and disclosure of your health information, your health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless there is an emergency. We may terminate our agreement to restrict uses and disclosures of your health information by providing you with written notice of such; provided, however, that our termination shall only be effective with respect to health information created or received after we have given you notice of termination of the restriction.
 - c. Confidential Communication.** You have the right to request that we send your health information to you by alternative means or to an alternative location. We will accommodate reasonable requests. We may condition this accommodation by having you sign an authorization, 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. Your request must be in writing, addressed to our Privacy Office, and state the accommodations you are requesting.
 - d. Amendments.** You may request an amendment of your health information that we maintain. Such request must be in writing and provided to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement that will become part of your health information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and any such response will become part of your health information.
 - e. Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made, if any, of your health information. This right applies to disclosures made on and after April 12, 2003 for purposes other than (i) treatment, payment or healthcare operations as described in this Notice; (ii) disclosures made to you; (iii) disclosures to a facility directory (iv) disclosures to family members or friends involved in your care or for notification purposes; or (v) disclosures pursuant to an authorization. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request for an accounting must be in writing, addressed to our Privacy Officer.
 - f. Electronic Notice.** If you receive a copy of this Notice on our website or by e-mail, you have the right to obtain a paper copy from us upon request.
- 4. Written Authorization.** Any uses and disclosures of your health information for purposes other than treatment, payment and health care operations, or as otherwise allowed or required by law as described above will be made only with written authorization. Any authorization you provide to us is effective for the period specified in the authorization (which cannot exceed one year) unless you revoke the authorization in writing. You may revoke any written authorization, at any time. Your revocation shall not apply to those uses and disclosures we made on your behalf pursuant to your authorization prior to the time we received your written revocation.
- 5. Others Involved in Your Healthcare.** We may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care. We may also use or disclose your health information to notify or assist in notifying a relative or any person responsible for your care, of your location, general condition or death. In addition, we may use or disclose your health information to a public or private

entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating the above uses and disclosures to your family or other individuals involved in your health care.

6. **Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. To complain to us, you may send our Privacy Officer a letter describing your concerns to the address found below. We respect your privacy and support any efforts to protect the privacy of your health information. We will not retaliate against you for filing a complaint.
7. **Contact Information.** If you have any questions about this Notice, you may contact our Deputy Director by telephone, e-mail, facsimile, or mail at the address set forth below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practices or have a complaint, such action must be in writing and faxed or mailed to our Deputy Director at the address set forth below.

FAMILIES FIRST OF PALM BEACH COUNTY

Attention: DEPUTY DIRECTOR

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