

NOTICE OF PRIVACY PRACTICES COMMUNITY FRIENDSHIP, INC

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.

Community Friendship, Inc. (CFI) respects your confidentiality and the privacy of your health information. We release confidential information about you only as required under Georgia and federal law. When we release information, we will not release more information than necessary. At Community Friendship, Inc. (CFI), all records are considered confidential, and no part of the record may be released to other agencies/programs without the written permission of the consumer/resident. Notations of date, to whom, what sent, for what purpose, and form in which to be released (written, oral, etc.) shall be recorded on the signed Release of Information. The Director of Quality Assurance is the designee to release written information.

This Notice explains our policies about the use of your Personal Health Information (PHI) at Community Friendship, Inc. and explains your rights regarding your Personal Health Information. If you have any questions about this Notice, please contact the Privacy Officer at Community Friendship, Inc. by telephone at (404) 527-7140, facsimile (404) 527-7284, or by mail to 85 Renaissance Parkway, Atlanta, Ga. 30308.

Use and Disclosure of Personal Health Information

What do we mean by Personal Health Information? Personal Health Information (PHI) means information about your past, present, or future health, treatment, or information about payment for health care services that identifies you personally.

To give you the best care, we may need to share your confidential information with other organizations or persons.

When do we share this information?

- ❑ **Treatment.** We may share information about you to provide, coordinate, or manage your services and care. Example: If you are in more than one CFI program, those programs will share information to help decide which services work best for you.
- ❑ **Payment.** We may share information in order to obtain payment for the services you receive from CFI.
- ❑ **Health Care Operations.** We may use some information about you to ensure we are providing quality service and to help with the operations and management of CFI. Example: Evaluating the program you attend and staff training.

Sharing Your Information without your Permission. There may be times when we will share information without asking you first. There are laws that say we can or must share information about you without your permission.

When will we do this?

- ❑ **Emergencies.** We may share information as needed to deal with the immediate emergency you are facing. Example: We may tell an ambulance crew what medications you're taking.
- ❑ **Follow up / Appointments.** We may contact you with reminders of appointments or to check and see how you are doing (we will leave appointment information on your answering machine unless you tell us not to). We might also call you for follow up purposes after you leave the program.
- ❑ **To obey the law.**
 - The Court says we have to release information.
 - The law says we must report information about exposure to some contagious diseases, or if we suspect abuse and/or neglect.
 - The Government says so. We may provide necessary health information to governmental agencies for audits, investigations, inspections, and licensure. If the U.S. Department of Health and Human Services asks for information to determine if we are obeying federal laws related to health care, we must give them that information. We will also give information to government agencies that pay for our services.
 - We must give health information to coroners, medical examiners, or funeral directors so that they can do their jobs.
 - We must provide health information regarding military personnel and veterans to the government in some situations.
 - Sometimes we must provide health information to government agencies regarding those agencies' responsibilities. Examples: We may provide information about you to: jails or prisons if you are or were in jail or prison, the Census Bureau, and agencies ensuring national security.
- ❑ **Criminal Activity or Danger to Others.** If a crime is committed on our property or against our staff, we may share information with law enforcement so they can apprehend the perpetrator. We may also call the police or sheriff when we think someone is in immediate danger.

Your Rights Regarding Your Personal Health Information

The law says you have the following rights:

- ❑ **Request a restriction of your Personal Health Information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to apply. CFI is not required to agree to a restriction that you may request. If CFI believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted.

- ❑ **Inspect and copy your protected health information.** 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. You must make the request in writing to CFI's Director of Quality Assurance. We will respond to your request within 30 days. Sometimes we may deny your request. If a request is approved, we may charge you a reasonable fee for copying and mailing the documents you request.
- ❑ **Release your personal health information.** You may agree in writing to the release of any portion of your personal health information to others for specified purposes. If you give CFI permission to use or disclose your confidential information, you may withdraw or cancel that permission, in writing, at any time. If you withdraw your permission, we may no longer use or disclose confidential information about you for the reasons you stated in your written authorization. You understand that we are unable to take back any disclosures we have already made before you withdrew your permission.
- ❑ **Amend your personal health information.** If you believe that there is a mistake in your personal health information or that information is missing, you have the right to request that we correct or add to the record. The request must be in writing. You can write to CFI's Director of Quality Assurance. We will respond within 60 days of receiving your request. We may turn down your request if we determine that the record is: 1) correct and complete; 2) not created by CFI, 3) a record you are not allowed to look at or have copies of, or 4) not part of our records.
- ❑ **Accounting of certain disclosures.** You have the right to get a list of instances when CFI has disclosed your confidential information. This list **will not include** uses or disclosures that:
 - you have already agreed to,
 - we used for treatment, payment, or health care operations, or
 - we shared with you

It also excludes information we are required to release. Example: We do not have to tell you when we release information for national security purposes, to law enforcement officials, or correctional facilities. You can request a list of disclosures we made after April 14, 2003, and during a specified amount of time, but not more than six years. Example: You may request a list of organizations and persons we disclosed your information to between April 15, 2003, and March 31, 2005.

Please submit your request in writing to CFI's Privacy Officer. We will respond to your written request within 60 days of receiving it. We will notify you of the cost involved in preparing this list.

- ❑ **Contacting you.** You have the right to ask that we send information to you at any address you choose. You can also say how we can contact you. Example: You can ask that we contact you only by phone or e-mail. If you want to do this, you must put it in writing and give it to a staff person at the program where you receive services. We can turn down the request, but we will always agree to it if it is reasonable.

- **Questions and Complaints.** If you have questions or complaints about our privacy practices or want to get a copy of this Notice of Privacy Practices write to CFI's Privacy Officer. You may also get a copy of this notice at our website, <http://www.communityfriendship.org>. Even if you request an e-mail copy of this notice or read it on the web, you are always entitled to a paper copy. You may also file a complaint with the United States Secretary of Health and Human Services. There will be no reprisals against you for filing a complaint with CFI or anyone else about any practice, policy, or action.

We reserve the right to change this Notice and our privacy practices. Whenever we change this Notice, we will post a copy of the new Notice at all CFI locations and will update our web site. You may request a printed copy of the current notice any time you want by contacting CFI's Privacy Officer.

Further information. You may have additional rights under other applicable laws. For additional information, please contact the Privacy Officer.

Effective April 14, 2003
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