

Notice of Privacy Information

Flagler Mental Health Center, PA

Effective October 3, 2011

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Keeping your health information secure is a top priority for us. This privacy notice has been developed to help you understand what information we gather about you, how we use it, and the safeguards we have in place in order to protect this information.

Our Responsibilities Regarding Your Protected Health Information

We are Required by Law to:

- Maintain the privacy of your protected health information
- Provide you with this notice of our legal duties and practices with respect to protected health. Abide by the terms of this notice. Accommodate reasonable requests you may have to communicate protected health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, such changes are effective upon posting the revised notice in a prominent location in our office. Copies of revised notices will also be available for your convenience.

Your Medical Record/Health Information

Each time you see or speak with us, a record may be made of the contact. Typically, this record may contain basic demographic data such as your name, age, and address, what was discussed, your symptoms, evaluation, test results, diagnosis, treatment, and plans for future care or treatment. This information is contained in your medical record and serves as a:

- Basis for planning your care and treatment
- Means of communication among the mental health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for facility planning and marketing

Understanding What is in Your Medical Record and How this Information is Used Helps You to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

What We Do With the Information Collected:

- We will use your health information for treatment. For example, information obtained by us will be recorded in your medical record and used to determine the course of treatment that should work best for you.
- We will use your health information for payment. For example, a bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures provided to you
- We will use your health information for health care operations. For example, we may use information in your medical record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

Do We Share This Information with Anyone?

With your authorization, we will only share this information with those individuals who must know this information to provide you with adequate mental health care and to those insurance companies who require proof to pay a claim.

Florida law does provide for your information to be released without your permission under circumstances which include the following:

- If you declare the intent to harm another person, such a declaration may be disclosed without your permission. Mental health professionals have a Duty to Warn and Protect Identified Victims.
- Mental health professionals who know or have reasonable cause to suspect abuse, neglect, or exploitation of children, disabled adults, and the elderly are required to report that abuse to the Central Abuse Registry of the Florida Department of Children and Families.
- The parent or legal guardian of a minor child or adolescent may receive limited verbal information related to the child's/adolescent's treatment plan and current physical and mental condition.
- Your record may be released to persons authorized by an order of the court when "good cause" for the release has been established.
- Your record may be disclosed to a member of our staff on a "need to know" basis.
- Information from your record can be used for statistical and research purposes only if your identity is protected.
- Your records may be reviewed by the Florida Department of Children and Families or the Human Rights Advocacy Committee when they are investigating a complaint.
- Your records may be shared with a court appointed professional as part of your evaluation process.
- Information contained in your record may be shared with a law enforcement official if it is believed you are in imminent danger of harming yourself or someone else.

You shall have reasonable access to your clinical records, unless such access is determined by staff to be harmful to you. If your right to inspect your clinical record is restricted by us, written notice of such restriction shall be given to you, your guardian, guardian advocate, attorney, and representative. In addition, the restriction shall be recorded in the clinical record, together with the reasons for it. The restriction of your right to inspect your clinical record shall expire after 7 days but may be renewed, after review, for subsequent 7-day periods.

We may contact you to provide appointment reminders, information about treatment alternatives or other health - related benefits and services that may be of interest to you. Examples of how we may contact you include mail and phone. Other uses and disclosures of your protected health information will be made only with your written authorization.

You have the right to revoke the authorization at any time, provided the revocation is in writing. Although you do have the right to revoke authorization, please be advised that we are not required by law to treat you if your revocation conflicts with our ability to treat you.

We may share your information electronically by facsimile and e-mail to help facilitate treatment and/or to receive payment for services.

How We Protect the Confidentiality and Security of Your Information

We follow strict guidelines and ethical practices outlined by our profession to protect your health information. These guidelines restrict the unauthorized release of protected health information and outline sanctions that result if such policies and procedures are violated.

Your Rights Regarding Protected Health Information

Although your medical record is the physical property of Flagler Mental Health Center, PA, you have the right to:

- Request restrictions on certain uses and disclosures of your protected health information; however, please be advised that we are not required by law to agree to a requested restriction.
- Receive confidential communications of your protected health information.

Request to inspect and copy protected health information contained in your medical record, unless staff at Flagler Mental Health Center, PA

- determine that this would be detrimental to your health or wellbeing.
- Request to amend protected health information contained in your medical record
- Receive an accounting of disclosures of your protected health information
- Receive a paper copy of any communications you receive from us electronically

Requests must be made in writing and submitted to Flagler Mental Health Center, PA

For More Information or To File A Complaint

If you have questions regarding the information contained in this notice, please contact us at the address or telephone number below.

If you believe that your privacy rights have been violated, you may file a complaint with us directly or with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint

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Secretary:
Secretary of Health and Human Services
Room 615F
Hubert H. Humphrey Building 200
Independence Avenue, SW
Washington, DC 20201

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