



JOINT NOTICE OF PRIVACY PRACTICES
Effective Date: February 10, 2016
Renaissance Behavioral Health Systems, Inc.
Mental Health Resource Center, Inc.



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Florida Statute 394, this Notice applies to all sites owned and/or leased by Renaissance Behavioral Health Systems, Inc. (RBHS) and Mental Health Resource Center, Inc. (MHRC) where protected health information is created and maintained.

Definition:

Protected Health Information (PHI) refers to all the information created and maintained (whether oral, written, electronic, magnetic or recorded in any form) by RBHS/MHRC when an individual receives treatment or services.

General Rules

In certain circumstances we may use and disclose your PHI without your written consent. Examples of disclosures include:

For Treatment – RBHS/MHRC may disclose information to past and future providers within RBHS/MHRC and to your RBHS/MHRC treatment team for the purpose of coordinating the services you receive. RBHS/MHRC may also provide information to contracted companies who provide services you receive during your treatment, such as an outside lab. RBHS/MHRC will share information with your current healthcare providers outside of RBHS/MHRC if you offer the name and address of these providers.

For Payment – RBHS/MHRC will use and disclose your PHI to send bills and collect payment from you, your insurance company, and other payers such as Medicare, workers' compensation carriers, and City, State and/or Federal funding agencies for the care, treatment, and other related services you receive. Your PHI may also be submitted to business associate collection agencies as needed to secure payment for your services. Services that are paid in full by you, without involvement of third parties (such as insurance companies) will not be disclosed.

For Health Care Operations - PHI may be disclosed to Florida and Federal regulatory agencies and licensing authorities, between RBHS/MHRC and others identified as RBHS/MHRC business associates, such as national accrediting organizations.

Your PHI may also be used or disclosed without your authorization or written consent as follows:

- When required by Federal law, Florida Statutes, Florida Administrative Code for behavioral health (including public health) oversight activities;
- When a serious and imminent threat to the health and safety of a person or the public has been made;
- When requested by authorized federal officials conducting national security and intelligence activities or to provide protective services to the President or other officials;
- When research and development for educational purposes is being conducted;
- When a court order has been issued;
- When there is abuse, neglect, exploitation, domestic violence or criminal activity;
- To contact you with an appointment reminder or to communicate information about your appointment.

Other uses and disclosures of your PHI, including psychotherapy notes, will occur only with your written authorization. You may revoke authorization in writing at any time. RBHS/MHRC will make reasonable efforts to use or disclose the minimum amount of PHI necessary to accomplish the intended purpose.

Your Health Information Rights

Right to Request Restrictions – You have the right to request restrictions on uses and disclosures of your PHI. Requests must be submitted in writing.

RBHS/MHRC is required to agree to your request if you pay for treatment and services in full and you request the information not be communicated to your health plan for payment or health care operation purposes. In other situations RBHS/MHRC is not required to agree to the request.

Right to Request Alternate Means of Communication – You have the right to request that we communicate with you in a certain way or at a certain location. All reasonable requests will be accommodated.

Right to Access your Information – You have the right to inspect and receive a copy of your health information, as long as it is maintained in a designated record set. Requests must be submitted in writing. Copies will be provided at a reasonable fee.

Right to Amend – If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as RBHS/MHRC maintains the information. Requests must be submitted in writing. RBHS/MHRC may deny or grant your request as specified within the law.

Right to a list of Disclosures – You have the right to request a list of disclosures we have made of your health information. To request this list of disclosures, you must submit your request in writing to the designated Health Information Management Department or custodian of records. The first list you receive will be free. RBHS/MHRC may charge you for the cost of additional lists.

Right to receive a copy of the joint notice of privacy practices – You have been provided a copy of this notice. A copy will be available each time you visit RBHS/MHRC.

Right to Complain – If you believe your privacy rights have been violated, you may file a complaint with RBHS/MHRC and/or with the Secretary of the Department of Health and Human Services. To file a complaint with RBHS/MHRC your complaint must be in writing and addressed to the Privacy Officer. You may also use the complaint forms available at each location and deposit the completed form in the designated container. Filing a complaint will not affect your care and/or treatment.

RBHS/MHRC Privacy Officer
Renaissance Behavioral Health Systems, Inc.
10550 Deerwood Park Blvd, Suite 600
Jacksonville, FL 32256

(904) 743-1883 Ext. 7106

Office for Civil Rights, Southeast Region
U.S. Dept. of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD : (800) 537-7697E-mail:
OCRComplaint@hhs.gov

Duties of RBHS/MHRC

To abide by the duties required by law and by the terms of the notice in effect regarding your PHI created while receiving services from RBHS/MHRC.

To explain this notice to you at the time of your intake appointment or inpatient admission. If there is an emergency then it will be explained as soon as possible. A copy of the notice will be given to you. The notice will be prominently displayed at all locations.

We reserve the right to revise or change this Notice as needed and to make the new notice effective for all health information RBHS/MHRC maintains. Each time you register for health care services at a site covered by this Notice, the most current copy of this notice will be available for you. You may obtain a paper copy of this Notice upon request.

To inform you of any unauthorized acquisition, access, use or disclosure (breach) of PHI within 60 days of the discovery of the occurrence

RBHS/MHRC will not use PHI for the purposes of Sales, Marketing or Fundraising