

JEWISH FAMILY & COMMUNITY SERVICES/ FIRST COAST ADOPTION PROFESSIONALS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT 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 Jewish Family & Community Services, Inc. (JFCS) where protected health information is created and maintained. This Notice will discuss how we may use and disclose your protected health information, explain your rights with respect to your protected health information and describe how to file a privacy-related complaint.

Definition: Protected Health Information (PHI) refers to all the information created and maintained (whether verbal, written, electronic, electronic or recorded in any form) by JFCS when an individual receives treatment or services. This information may be about health care we provide to you, payment for health care provided to you, or information about your past, present, or future medical condition.

We are legally required to provide you with a **Notice of Privacy Practices** explaining our legal duties and privacy practices related to health information. We are legally required to obtain your written acknowledgement of receipt of this notice, or document our good faith efforts to obtain said acknowledgement, including any reasons why the acknowledgement could not be obtained. We are legally required to follow the terms of this Notice. We are only allowed to use and disclose health information as described in this Notice. We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health information that we maintain. We will post the new Notice in our waiting area and on our website at www.jfcsjax.org and have copies of the new Notice available upon request. We will provide you with this notice at the time of your first service delivery, or, in an emergency treatment situation, as soon as reasonably possible.

WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT CLIENTS IN SEVERAL CIRCUMSTANCES

General Rules: In certain circumstances, we may use and disclose your PHI without your written consent - to provide health care, obtain payment for health care, and operate our agency efficiently. JFCS will make reasonable efforts to use or disclose the minimum amount of PHI necessary to accomplish the intended purpose.

Treatment - We may use and disclose your PHI to past and future providers to provide treatment to you and/or to coordinate or manage your health care and related services.

Payment - We may use and disclose your PHI to send bills and collect payment for your health care services. This may include communication with you, your insurance company, and other payers such as Medicaid, Medicare, and City, State, Federal and/or private funding agencies for the care, treatment and other related services you receive. We may disclose medical information about you to an insurance plan before you receive health care services to find out if the plan covers that service.

Healthcare Operations - We may use and disclose your PHI to perform business activities that are called "health care operations." For example, we may use or disclose your PHI to review and evaluate the skills, qualifications, and performance of your health care providers; provide training to students, interns, health care providers or non-health care professionals to help them practice or improve their skills; cooperate with outside agencies that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty; cooperate with outside agencies that assess the quality of the care others and we provide, including government/regulatory agencies, accrediting bodies and private organizations; resolve grievances within our organization; and use or disclose medical information in our work with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Persons Involved in Your Care - We may disclose your PHI to a relative, close friend or other person you identify if he/she is involved in your care and the information is relevant to your care. If the client is a minor, we may disclose PHI about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. We may use or disclose your PHI to a relative, other person involved in your care or disaster relief organization (i.e. Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose your PHI to persons involved in your care. We will agree to your request and not disclose the PHI except in certain circumstances (i.e. emergencies) or if the client is a minor. If the client is a minor, we may not be able to agree to your request.

We may also use or disclose your PHI in certain other circumstances, without your authorization or written consent as follows:

Required by Law - We will use and disclose your PHI when we are required by law to do so. Many state and federal laws require us to use and disclose health information. For example, state law requires us to report known or suspected child abuse or neglect to the Abuse Hotline. We will comply with those state laws and with all other applicable laws.

National Priority Uses and Disclosures - When permitted by law, we may use or disclose your PHI without your permission for various activities recognized as "national priorities." The government has determined that under certain circumstances, it is so important to disclose health information that it is acceptable to disclose that information without the individual's permission. Circumstances include:

- When a serious and imminent threat to the health and safety of a person or the public has been made. This may include, but is not limited to activities related to investigating communicable diseases, reporting child abuse and neglect, etc;
- When we reasonably believe that there is abuse, neglect, exploitation or domestic violence;
- When required by Federal law, Florida Statutes, Florida Administrative Code for health, behavioral health and public health oversight activities;

- When required by the court or officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so;
- When required for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if needed to help find/identify a missing person, or to a correctional institution in certain circumstances;
- When required to comply with workers' compensation laws;
- When research for educational purposes is being conducted, if the research organization has met certain conditions related to privacy protection;
- When requested by authorized federal officials for military and veterans' activities, national security and intelligence activities;
- To contact you with an appointment reminder or to communicate information about your appointment.

Authorization - Other than the uses and disclosures described above, we will not use or disclose your PHI without the "authorization"—or signed permission – of you or your personal representative. Sometimes, we may wish to use or disclose health information about you and we may contact you to ask you to sign an authorization form. Other times, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. If you sign a written authorization allowing us to disclose your PHI, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). You may write us a letter revoking your authorization or fill out an **Authorization Revocation Form**, available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken action.

YOU HAVE RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

Right to a Copy of This Notice - You have a right to have a paper copy of our Notice of Privacy Practices. In addition, a copy of this Notice will always be posted in our waiting area and posted on our website at www.jfcsjax.org.

Right to Access your PHI - You have the right to inspect (see or review) and receive a copy of medical information about you that we maintain in certain limited groups of records (designated record set). You may write us a letter requesting access or fill out an **Access Request Form**, available from our Privacy Officer. We may deny your request in certain circumstances. If we do so, we will explain our reasoning in writing. We will inform you in writing if you have the right to have our decision reviewed by another person. Due to overhead costs (labor, review of records, cost of equipment and supplies) involved in reproducing and/or sending copies of records to outside parties, a fee of \$5.00 will be charged to copy your information. This fee will be waived in circumstances involving a court order or request from a Guardian Ad Litem. We may be able to provide you with a summary or explanation of the health information.

Right to Have Medical Information Amended - You have the right to have us amend (which means correct or supplement) health information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. You may write us a letter requesting an amendment or fill out an **Amendment Request Form**, available from our Privacy Officer. We may deny your request in certain circumstances as specified within the law. If we do so, we will explain our reason in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your request and we will share your statement when we disclose the information in the future.

Right to an Accounting of Disclosures - You have the right to receive an accounting (a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or fill out an **Accounting Request Form**, available from our Privacy Officer. The accounting will not include disclosures for treatment, payment or health care operations. It will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we will charge you a fee of \$5.00 to cover preparation costs.

Right to Request Restrictions on Uses and Disclosures - You have the right to request that we limit the use and disclosure of health information about you for treatment, payment and health care operations. We are not required to agree to your request. If we do agree, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel restrictions at any time. We may cancel a restriction at any time if we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Right to Request an Alternative Method of Contact - You have the right to request to be contacted at a different location or by a different method. You may want to have written information mailed to your work address rather than your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must write us a letter or fill out an **Alternative Contact Request Form**, available from our Privacy Officer.

YOU HAVE THE RIGHT TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you feel that your privacy rights have been violated by this agency or if you are dissatisfied with our privacy policies/procedures, you may file a complaint either with us or with the federal government. Filing a complaint will not affect your care and/or treatment in any way.

To file a written complaint with JFCS/FCAP send the complaint to:

Jewish Family & Community Services
 Attention: HIPAA Privacy Officer
 6261 Dupont Station Court, East
 Jacksonville, FL 32217
 (904) 394-5726

(Effective 5/31/2007. Non-material revisions 2/1/2017)

To file a written complaint with the federal government, send the complaint to:

Office for Civil Rights, Southeast Region
 U.S. Dept. of Health & Human Services
 Sam Nunn Atlanta Federal Center Suite 16T70
 61 Forsyth Street, S.W.
 Atlanta, GA 30303-8909
 Customer Response Center: (800) 368-1019
 TDD: (800) 537-7697