



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable federal and state law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI. 4KIDS never markets or sells private information.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues

- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Confidentiality of health information and records with prohibited disclosure of your medical condition with any person other than the you or the your's legal representative and healthcare providers involved in your care or treatment, **except upon your written authorization unless otherwise permitted or required by law.**

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone, email or text) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you can file a complaint by contacting our Privacy Officer at Tim Putman, Vice President of Prevention and QA/I at 2717 West Cypress Creek Road, Fort Lauderdale, FL 33309.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or services
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

[How do we typically use or share your health information?](#)

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: Your case manager asks your therapist about your overall mental health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

The effective date of this Notice is September 2013.

4KIDS Privacy Officer and Contact Information:

Tim Putman, Vice President of Prevention and Quality Assurance and Improvement

TimP@4KIDS.us

954-979-7911

Client Rights

1. You have the right to be informed of your rights as a client of 4KIDS in the language you can understand. If you are a minor, and when appropriate, your legal guardian will also be provided with a copy of your rights.
2. You have the right to individual dignity and to have access to all constitutional rights.
3. You have the right to know the rules and regulations while you are a client of 4KIDS.
4. You have the right to not be discriminated against on the basis of race, color and/or national origin in 4KIDS' provision of services to you. In addition, 4KIDS does not discriminate on the basis of any other legally protected class – including gender, creed, sexual orientation, disability, and age.
5. You have the right to know who will be responsible for your treatment and /or care.
6. You have the right to assist in preparing your individualized treatment plan which will be reviewed on a regular basis.
7. You have the right to the information necessary to permit you or your legal guardian to make informed decisions about any proposed or alternative treatment and medications, as well as the potential benefit/risks of such care.
8. You have the right to refuse any treatment or medications unless they are court-ordered or they are required to protect you from harming yourself or others. When doing so, you have the right to be informed of the consequences of such refusal.
9. You and, where appropriate, your legal guardian has a right to revoke your consent to treatment at any time.
10. You have the right to receive the least restrictive treatment available that is appropriate in this facility and that does not compromise your safety or that of others.

11. You have the right to be referred to another facility to receive services that 4KIDS cannot provide.
12. You have the right to request a second opinion or outside consultation. Our staff will assist you in obtaining these services and let you know if any additional costs may be involved.
13. If mental health personnel feel that you are a danger to yourself or others, you may be referred to a crisis intake unit for psychiatric evaluation and for possible temporary hospitalization. (If severe enough, the police may be called for assistance.)
14. You have the right to insert a statement into the record about your problem or about services you are receiving or wish to receive; and should 4KIDS add statements or responses to this, it is done so with your knowledge.
15. You have the right to decide if you will be involved in any experiments or research, and you have the right to agree, refuse or stop any of these activities if you are involved in them. This will not affect your treatment by 4KIDS in any way.
16. You have the right to be informed of the length of the waiting list, should there be one.
17. You have the right to personal privacy to the extent possible without compromising your personal safety or that of others.
18. Those who are adult clients have the right to appoint a family member/significant other to make decisions for you about your treatment should you become incapable of communicating your wishes regarding your care.
19. 4KIDS will not use identifiable photographs or videotapes for public relations purposes without the consent of the person served and in the case of a minor, both the person served and the parent or guardian must consent.
20. 4KIDS strictly prohibits the use of any type of corporal or degrading punishment in any of its programs.
21. Your clinical record and communications are confidential and may not be released without your consent or that of your guardian except under special circumstances, e.g.: to your attorney; in response to a court order; to an aftercare treatment provider; after a threat of harm to self or others; to the Florida Abuse Hotline (**1-800-962-2873**) if our employees ("mandated reporters" under the law) know or have reasonable suspicion of child abuse, abandonment, or neglect; to various entities which fund your services and with whom we are contractually required to

report incidents. When appropriate, your parent or next of kin may be given information without your consent. You have reasonable access to your clinical record unless such access is determined to be harmful to you.

22. You have the right to complain or file a grievance in writing and to be told about the outcome of your grievance. You may also express your complaint verbally by calling the agency's Compliance Department at **954-979-7911**. You have the right to continue treatment with the agency during this grievance process. You may also file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services at **1-800-368-1019** and/or with Department of Children & Families' Office of Civil Rights at **1-850-487-1901**.

CONFIDENTIALITY POLICY

We place a high value on the confidentiality of the information that our clients share with us. This sheet was prepared to clarify our legal and ethical responsibilities regarding this important issue. The policy is in accordance with the Florida Statute 491.0147, which addresses confidentiality.

Personal information that you share with us may be entered into your records in written form. The only individuals with access to our files are staff members who are either directly involved in providing services to you, supervising the provision of services, or performing related clerical tasks. All of these persons are aware of the strict confidential nature of the information in the records. Agencies conducting audits, accreditation, and monitoring may also have access to records.

4KIDS of South Florida will consult with legal representatives on any questionable matters that may effect confidentiality, and will maintain current information regarding the laws governing confidentiality.

Release of Information to Others

If for some reason there is a need to share information in your record with someone not employed at 4KIDS of South Florida (for example, your physician or another therapist), you will first be consulted and asked to sign a form authorizing transfer of the information. Because of the sensitive nature of the information contained in some records, you may wish to discuss the release of this material and related implications very carefully before you sign. The form will specify the information that you give us permission to release to the other party and will specify the time period during which the information may be released. You can revoke your permission at any time by simply giving us written notice.

Exceptions to Confidentiality

There are several important instances when confidential information may be released to

others.

1. If you have been referred to this agency by the Court (“Court Ordered”), you can assume that the Court wishes to receive some type of report or evaluation.
2. If you are involved in litigation of any kind, and inform the court of the services that you received from us (making your mental health an issue before the court), you may be waiving your right to keep your records confidential. You may wish to consult your attorney regarding such matters before you disclose that you have received treatment.
3. If you threaten to harm either yourself or someone else, and we believe your threat to be serious, we are obligated under the law to take whatever actions seem necessary to protect people from harm. This may include releasing confidential information to others, and would only be done under the unusual circumstance that someone’s life appeared to be in danger.
4. If we have reason to believe that a child has been abused, neglected, abandoned, or is at risk of harm, we are obligated by law to report this to the appropriate state agency. The law is designed to protect children from harm and the obligations to report suspected abuse or neglect are clear in this regard.
5. If we have reason to believe that a vulnerable adult is abused, neglected, or exploited, we are obligated by law to report this to the appropriate state agency. A vulnerable adult is defined as a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to disability, brain damage, or the infirmities of aging. The law is designed to protect vulnerable adults from harm and the obligations to report suspected abuse, neglect, and exploitation are clear in this regard.
6. In addition, there may be some other rare instances in which you waive your rights to have your records protected. If you are involved in any type of current or potential legal difficulties, we suggest that you discuss such matters with your attorney if you have concerns in this regard.

In summary, we make every reasonable effort to safeguard the personal information, which you may share with us. There are, however, certain instances when we may be obligated under the law to release such information to others. If you have any questions about confidentiality, please discuss them with us.