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## Notice of Privacy Practices

**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.**

**I. Our Duties As They Relate to Your Protected Health Information (PHI).** Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

- your past, present, or future health or condition,
- provision of health care to you,
- payment for the health care considered PHI.

We are required to:

- safeguard the privacy of your PHI,
- give you this Notice which describes our privacy practices,
- explain how, when and why we may use or disclose your PHI.

Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this Notice; however, **we reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all protected health information that we receive, disclose or maintain.** Should our Notice change, we will post a new Notice in our office lobby. You may request a copy of the new notice by coming to our office or calling (904)278-5644.

**Why We May Need to Use or Disclose Your PHI:** We use or disclose PHI for a variety of reasons. For some of these uses or disclosures, we must have your written authorization. For some, the law permits us to make some uses or disclosures without your authorization.

Generally these uses or disclosures are related to treatment, payment, or health care operations.

- **For Treatment, Including Emergencies:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI may be shared with a doctor treating you for a physical illness.
- **For Payment:** We may use or disclose your PHI in order to assist with payment for your health care services.
- **For Health Care Operations:** We may use or disclose your PHI for Health Care Operations. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI for auditing purposes.
- **To Remind You of Appointments:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

**Uses and Disclosures For Which We Require Your Authorization (consent):**

- When the use or disclosure goes beyond treatment, payment, or health care operations, we are required to have your written authorization. There are some exceptions to this rule, and they are listed below.
- Authorizations can be revoked by you at any time to stop future uses or disclosures, except where we have already used or disclosed your PHI in reliance upon your authorization.

**Uses and Disclosures For Which We Do Not Require Your Authorization:** The law permits us to use or disclose your PHI *without written authorization* in the following circumstances:

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- **When a Law Requires Disclosure:** We may disclose PHI when a federal or state law require. For example, we may report information about suspected abuse, neglect or domestic violence, or in response to a court order, or to a law enforcement official. We must also disclose PHI to authorities who monitor our compliance with these privacy requirements.
  - **For Public Health Activities:** We may disclose PHI when we are required to collect information about diseases or injuries, or to report vital statistics to a public health authority. These purposes generally include the following:
    - To prevent or control, disease, injury or disability;
    - To report births and deaths;
    - To report reactions to medications or problems with products;
    - To notify people of recalls of product they may be using; and
    - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
  - **Health-Oversight Activities:** We may disclose medical/mental health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - **For Health Related Benefits and Services:** We may use and disclose medical/mental health information to tell you about health related benefits or services that may be of interest to you.
  - **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about clients to funeral directors as necessary to carry out their duties.
  - **Organ and Tissue Donation:** If you are a donor, we may release medical information to organizations that handle organ procurement or transplantation, as necessary to facilitate organ or tissue donation and transplantation.
  - **For Research:** Under certain circumstances, we may use and disclose medical/mental health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects are evaluated for balance between research needs and patients' needs for privacy.
  - **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical/mental health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public. Any disclosure, however, would only be to someone able to help prevent the threat.
  - **Military and Veterans:** If you are a member of the armed forces, we may release medical/mental health information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
  - **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical/mental health information about you in response to a court or administrative order. We may also disclose medical/mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
  - **Law Enforcement:** We may release medical/mental health information if asked to do so by a law enforcement official:
    - In response to a court order, subpoena, warrant, summons, or similar process;
    - To identify or locate a suspect, fugitive, material witness or missing person;
    - About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
    - About a death we believe may be the result of criminal conduct;

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- About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime, the location of the crime or victims, of the identity, description or location of the person who allegedly committed the crime.
  - **National Security and Intelligence Activities:** We may disclose medical/mental health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.
  - **Protective Services for the President and Others:** We may disclose medical/mental health information about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or in order to conduct special investigations.
  - **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/mental health information about you to the correctional institution or law enforcement official. This would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
  - **Workers' Compensation:** We may disclose PHI to comply with workers' compensation laws.

**Uses or Disclosures For Which You Must Be Given An Opportunity To Object:** Sometimes we may disclose your PHI if we have told you that we are going to use or disclose your information and you did not object. Some examples are:

- To family, friends, or others involved in your case: We may share with these people information directly related to your family's friend's or other person's involvement in your case, or for payment for services. We may also share PHI with these people to notify them about your location, general condition, or death.

If there is an emergency situation and we do not have time to allow you to object to the disclosure, we may still disclose your PHI if you have previously given your permission and disclosure is determined to be in your best interests. If we do this, you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

**II. Your Rights As They Relate to Your Protected Health Information (PHI).** You have the following rights relating to your PHI:

**Right to Inspect and Copy:** You have the right to inspect and get a copy of medical/mental health information that may be used to make decisions about your care.

To inspect and get a copy of medical/mental information that may be used to make decisions about you, you must submit your request in writing to the Quality Assurance Supervisor/Privacy Officer at the Kids First of Florida.

We may deny your request to inspect and copy your record in certain very limited circumstances. If you are denied access to medical/mental health information, you may request that the denial be reviewed. Another qualified professional chosen by our organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you think the medical/mental health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to our Quality Assurance Supervisor/Privacy Officer. In addition, you must supply a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. In addition, we may also deny your request if you ask us to amend information that:

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- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the medical/mental health information kept by or for our organization;
  - is not part of the information which you would be permitted to inspect and copy; or
  - is not accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an 'accounting of disclosures'. This is a list of the disclosures we made of medical/mental health information about you for anything other than to carry out treatment, payment and health care operations.

To request this list, or accounting of disclosures, you must submit your request in writing to our Quality Assurance Supervisor/Privacy Officer. Your request must state a time period which may not be longer than six years, and may not include dates before February 28, 2004.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical/mental health information that we use or disclose about you for treatment and/or payment of health care operations. You also have the right to request a limit on the medical/mental health information we disclose about you to someone who is involved in your care, or the payment of your care.

To request restrictions, you must submit your request in writing to our Quality Assurance Supervisor/Privacy Officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, our disclosure, or both, and to whom you want the limits to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical/mental health matters in a certain way or in a certain location. For example, you can ask that we only contact you at work, or by mail.

To request confidential communications, you must make your request in writing to our Quality Assurance Supervisor/Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**III. Right to be Notified of a Breach Involving Unsecured PHI:** You have the right to be notified of a breach involving unsecured PHI. "Unsecured PHI" refers to PHI that is not secured through the use of the U.S. Department of Health and Human Services recognized technology or methodology. Typically, affected individuals will be notified of breaches involving unsecured PHI within 60 days.

#### IV. Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical/mental health information we already have about you, and for information we receive in the future. We will post a copy of the current notice in our lobby. The notice will contain the effective date.

#### V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Quality Assurance Supervisor/Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with our Quality Assurance Supervisor/Privacy Officer, contact:

Quality Assurance Supervisor/Privacy Officer  
Kids First of Florida

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1726 Kingsley Avenue, Suite 2  
Orange Park, Florida 32073  
904.278.5644 Fax 904.278.5654

*Because every child deserves a loving home!*



Irene M. Toto  
CEO



Don Martin  
Board Chair

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1726 Kingsley Ave, Suite 2  
Orange Park, Florida 32073  
(904) 278-5644

To file a complaint with the Secretary of the Department of Health and Human Services, visit the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**VI. Other Uses of Medical/Mental Health Information**

Other uses and disclosures of medical/mental health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical/mental health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical/mental health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

**VII. Effective Date. This Notice is effective on February 2, 2010**

If you have any special needs, please contact the administrative office at (904) 278-5644 Ext 2030 to assist with accommodation requests.

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