



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AT NEIGHBOR TO FAMILY.**

*Protected Health Information (PHI) is demographic and individually identifiable health information that will or may identify the patient and relates to the patient's past, present, or future physical or mental health or condition and related health care services.*

### OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

This Notice of Privacy Practices describes Neighbor To Family's practices regarding the use of your Protected Health Information (PHI) and is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). We are required to protect your PHI; to provide you with this Notice; to comply with the Privacy Practices as described in this Notice; and seek your acknowledgment of receipt of this Notice. Services will not be conditioned upon your signed Acknowledgement.

Neighbor To Family reserves the right to change the terms of the Notice of Privacy Practices and to make new Notice provisions effective for the entire PHI that the Agency maintains by first:

- Posting the revised Notice in prominent locations throughout Neighbor To Family service sites;
- Making copies of the revised Notice available upon request; and
- Posting the revised Notice on the Neighbor To Family web site, [www.neighbortofamily.org](http://www.neighbortofamily.org)

### WHO WILL FOLLOW THIS NOTICE

This Notice describes our Organization's practices and that of:

- Any health care professional authorized to enter information onto your medical record;
- All departments and units of Neighbor To Family; and
- All employees, contractors, interns, and volunteers.

### HOW WE MAY USE AND/OR DISCLOSE PHI ABOUT YOU

#### Treatment

- We may use and/or disclose PHI about you to provide, coordinate, and manage your medical and mental health care and other related services.
- We may disclose PHI about you to doctors, nurses, and student interns, or other Neighbor To Family personnel who are involved with the delivery of services provided to you.
- We may communicate with other medical, mental, and health care providers regarding your treatment, and the coordination and management of your health care.

- We may communicate and share your PHI with different Neighbor To Family departments in order to provide, coordinate, and manage your treatment.
- We may use and/or disclose PHI about you when referring you to another medical and mental health care provider.

### **Payment**

- We may use and/or disclose PHI about you so that the treatment and services you receive may be billed to and may be collected from you, an insurance company, or a third party. For example, your insurance company may need to know about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. We may also share your medical information with the following:
  - Billing departments;
  - Collection departments or agencies;
  - Insurance companies, health plans and their agents which provide you coverage; and
  - Consumer reporting agencies (e.g., credit bureaus).

### **Health Care Operations**

- We may use and/or disclose your PHI for health care operations. Health care operations allow us to improve the quality of care that we provide and reduce health care costs. For example, health care operations include the following:
  - To review and improve the quality, efficiency, treatment, services, and cost of care provided to you, and to evaluate the performance of staff providing services to you;
  - To review and evaluate the skills, qualifications, and performance of health care providers taking care of you;
  - To resolve grievances within our Agency;
  - To conduct and arrange for medical review, legal services, auditing functions, including fraud and abuse detection, and compliance programs pursuant to applicable laws;
  - We may disclose your PHI to other doctors, psychologists, student interns, and other Agency personnel for review and learning purposes;
  - To cooperate with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting bodies such as the Joint Council on Accreditation of Health Care Organizations (COA); and
  - To cooperate with outside organizations that evaluate, certify, or license health care providers. For example, we may use and/or disclose your PHI so that one of our staff members may become certified as having expertise in a certain field.

### **Appointment Reminders**

- We may use and/or disclose your PHI to contact you regarding the scheduling of an appointment, to remind you of an appointment, and to send written notification of a scheduled appointment for treatment.

### **Treatment Alternatives**

- We may use and/or disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **Health-Related Benefits and Services**

- We may use and/or disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

### **Fundraising Activities**

- We may use and/or disclose your PHI in an effort to raise money for Neighbor To Family and its operations; the disclosure will be made in accordance with HIPAA and PHI policies and procedures.

### **Research**

- Under certain circumstances, we may use and/or disclose your PHI for research purposes, but only under specific criteria.

### **Workers' Compensation**

- We may release your PHI for workers' compensation or similar programs, as authorized by state workers' compensation laws and programs.

### **To Avert Serious Threat to Health or Safety**

- We may use and/or disclose your PHI consistent with applicable state and federal laws and standards of ethical conduct, if we, in good faith, believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety, or that of a person, or the public; if the disclosure is made to a person or persons reasonably able to lessen or prevent the threat, including the target of the threat, or is necessary for law enforcement authorities to identify or apprehend an individual. Additionally, we may use and/or disclose your PHI when the disclosure relates to victims of abuse, neglect, or domestic violence.

### **Public Health Activities**

- We may use and/or disclose your PHI when the use and/or disclosure is necessary for public health activities. For example, we may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. These activities generally include the following:
  - To prevent or control disease, injury, or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and
  - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence.

### **Health Oversight Activities**

- We may use and/or disclose your PHI to a state or federal health oversight agency which is authorized by law to oversee our operations. These activities include audits, investigations, inspections, and licensure. These activities are required by government programs to monitor the health care system and to comply with applicable laws, including civil rights laws.

### **Judicial Administrative Proceedings, Lawsuits, and Disputes**

- If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena or other lawful order from a court.

### **Law Enforcement**

- We may release your PHI upon a request by a law enforcement official. The information requested must be specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought. Examples of the uses and/or disclosures are:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person(s);
  - In investigations of criminal conduct or victims of a crime; and
  - In emergency circumstances to report a crime, the location, the victims, and/or the identity or the description and locations of the person(s) who committed the crime.

### **Coroners, Medical Examiners, and Funeral Directors**

- We may release your PHI, as necessary, to carry out the duties of coroners, medical examiners, and funeral directors when the use and/or disclosure relates to decedents. For example, we may disclose your PHI to a coroner or medical examiner for identifying purposes should you die.

### **Specialized Government Functions**

- We may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state; and for conduct of special investigations, intelligence, counterintelligence, and other national security activities authorized by law.

### **Inmates**

- If you are an inmate or under the custody of a law enforcement official, we may use and/or disclose your PHI for the provision of medical and mental health care. For example, the release

of information is necessary to provide you with health care, to protect your health and safety or the safety of others, or for the safety and security of the correctional institution.

#### **As Required by Law**

- We will disclose your PHI when required to do so by federal, state, or local law; or other judicial or administrative proceedings.

#### **Disaster Relief Purposes**

- We may share your PHI with a public or private agency or organization (for example, the American Red Cross) for disaster relief purposes. Even if you object, we may still share your PHI, if necessary, under emergency circumstances.

### **AUTHORIZATIONS ON OTHER USES OF PHI**

Under any circumstance other than those listed above or pursuant to applicable state laws, we will ask for your written authorization before we use and/or disclose your PHI. Other uses and/or disclosures of PHI not covered by this Notice or applicable state and federal laws that apply will be made only after obtaining your written authorization:

- If you provide us with written authorization to use and/or disclose your PHI, you may revoke that authorization, in writing, at any time;
- If you revoke your authorization in writing, we will not disclose your PHI after your cancellation, except for disclosures that were processed before we receive your cancellation; and
- You understand that we are unable to retrieve any disclosures of your PHI that we may have already made pursuant to your authorization.

### **YOUR PRIVACY RIGHTS REGARDING YOUR HEALTH INFORMATION**

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

1. **You have the right to inspect and copy your health information.**

This means you may inspect and obtain a copy of your PHI that is contained in a “designated record set” for so long as we maintain the PHI. A designated record set contains medical and billing records and any other records that Neighbor To Family uses in making decisions about your health care. You may not however, inspect or copy the following records: psychotherapy and psycho-social notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and certain PHI that is subject to laws that prohibit access to that PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact your assigned case manager or therapist if you have questions about access to your medical record.

2. **You have the right to request a restriction of your health information.**

This means you may ask us to restrict or limit the medical information we use and/or disclose for the purposes of treatment, payment, or health care operations. Neighbor To Family is not required to agree to a restriction that you may request. We will notify you if we deny your request. If we do agree to the requested restriction, we may not use and/or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting your assigned case manager or therapist.

3. **You have the right to request to receive confidential communications by alternative means or at alternative locations.**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for an alternative address or other method of contact and, when appropriate, information as to how payment, if any, will be handled. We will not request an explanation from you as the basis for the request. Requests must be made in writing to your assigned case manager or therapist.

4. **You have the right to request amendments to your health information.**

This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an

amendment. If we deny your request, you have the right to file a statement of disagreement with our Privacy Officer and we may prepare a rebuttal to your statement and will provide you with a copy of this rebuttal. If you wish to amend your PHI, please contact your assigned case manager or therapist. Requests for amendment must be in writing.

**5. You have the right to receive an accounting of disclosures of your health information.**

You have the right to request an accounting of certain disclosures of your PHI made by Neighbor To Family. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for directory or notification purposes, to family or friends involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to your assigned case manager or therapist. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that took place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years.

**6. You have the right to receive a paper copy of this Notice of Privacy Practices.**

You have the right to receive a paper copy of this Notice on the date that you first receive service from us. In emergency situations, we will provide the Notice as soon as possible. You may also obtain a copy of this Notice on our website, [www.neighbortofamily.org](http://www.neighbortofamily.org).

### **WHAT IF I HAVE A QUESTION OR COMPLAINT?**

If you have questions regarding your privacy rights, please contact Neighbor To Family's Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint; no action will be taken against you or any change made to your treatment.

**U.S. Department of Health and Human Services**

200 Independence Avenue, S.W.  
Washington D.C. 20201

**Privacy Officer**

Neighbor To Family  
220 S. Ridgewood Avenue, Suite 260  
Daytona Beach, FL 32114  
Toll free 866-467-5733



**ACKNOWLEDGMENT OF RECEIPT**

I hereby acknowledge receipt of the Neighbor To Family Program’s Notice of Privacy Practices. I have been given the opportunity to ask questions and I understand the information provided.

Client Number: \_\_\_\_\_

\_\_\_\_\_  
 Client Name (5 years and older) (print)

Case Manager may sign for children under 5 years old after document has been read to them and all questions have been answered.

\_\_\_\_\_  
 Client (signature) Date

\_\_\_\_\_  
 Parent/Legal Custodian/Personal Representative (print) Date

\_\_\_\_\_  
 Parent/Legal Custodian/Personal Representative (signature) Date

Relationship to Minor: \_\_\_\_\_

\_\_\_\_\_  
 Witness (print) Date

\_\_\_\_\_  
 Witness (signature) Date

**STAFF USE ONLY: If on the date of the first service delivery, the client is unable to sign for the receipt of Neighbor To Family’s Notice of Privacy Practices, please document the reason(s) below.**


**Staff Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_