

Special Care Services

"Special Care for Special People"

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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.

Protected Information: While receiving care from our organization, information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care or payment for health care ("Protected Information").

Our Responsibilities: Federal law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information unless under the law we are authorized to release your Protected Information without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your Protected Information during our regular business hours;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Information May Be Used and Disclosed: Generally, your Protected Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

Treatment, Payment or Health Care Operations

Treatment Purposed: We may use or disclose you Protected Information for treatment purposes. During your care with our organization, it may be necessary for various personnel involved in your care to have access to your Protected Information in order to provide you with quality care. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services which may be of interest to you.

Situations may also arise when it is necessary to disclose your Protected Information to health care providers outside our facility who may also be involved in your care.

Payment Purposes: Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company, or third party payor. It may also be necessary to release Protected Information to obtain prior approval from your health insurance. We may also release your Protected Information to another health care provider or individual or entity covered by the HIPPA privacy regulations who has a relationship with you for their payment activities.

The following are examples of how we may use your Protected Information:

- Your physician may send us your health record so we can develop a comprehensive plan of care for you.
- We may share your information with an entity to obtain payment for services.
- We may send appointment reminders.

**Please note, we reserve the right to revise our practices with respect to Protected Information and to amend this notice. Should our information practices change, we will notify you in writing. In addition, a current notice of our privacy practices may be obtained from our office by calling 772-222-7301 or our website at: www.specialcareservices.com.*

Health Care Operations: Your Protected Information may also be used for health care operations, which are necessary to ensure the provider gives the highest quality of care. For example, Protected Information may be used for quality assurance or risk management purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPPA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

Patient Directory: The provider maintains a patient directory. Unless you object, your name and location in the organization, general condition, and religious affiliation will be contained in the directory. The directory is disclosed to members of the clergy and except for religious affiliation, to other persons who specifically ask for the information by your name. You are not obligated, however, in any way, to consent to the inclusion of your information in the provider's directory. Please notify the provider's personnel if you do not wish to be included in the directory or if you wish for information or disclosure to be limited in some way.

Notice and Communications to Individuals Involved in Your Care: Unless you have informed us otherwise, your Protected Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Information disclosed for notification purposes will be limited to your name, location and general condition. In addition, unless you have informed us otherwise, Protected Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact the provider's personnel.

Fundraising & Marketing Activities: We may use your protected information for the purpose of contacting you as part of a fundraising effort. Such contact could come from the provider or an affiliate organization such as a foundation or business associate. Information used as part of this fundraising activity may include demographic information such as name, address, age, gender, department of service, your treating physician, outcome information, health insurance status, and the dates health care was provided to you. If you do not wish to be contacted for fundraising activities, you may contact our office at 772-222-7301 to have your name removed from our fundraising list or you may do so at our website at www.specialcareservices.com. You may receive information such as prescription refill reminders from the provider, however your Protected Information will not be provided to third party marketers and the provider will not sell your Protected Information to others for marketing purposes without your specific authorization.

Psychotherapy Notes: in the event psychotherapy notes are maintained as part of your Protected Information, those notes will not be used or disclosed except in limited circumstances without your authorization. Such authorization is not needed and will not be obtained if such notes are used by the person who created them in a reasonable training program for the provider or as otherwise allowed by law.

Research Purposes: In some instances, you Protected Information may be used or disclosed for research purposes. All research projects which use Protected Information are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you as the patient will be removed.

Special Circumstances: Situations may arise which warrant us to use or disclose Protected Information without your consent or authorization. The law specifically allows us to use or disclose Protected Information without your consent or authorization in the following special circumstances:

Public Health Activities: We are allowed to use or disclosure Protected Information for public health activities and purposes. Examples of public health activities which would warrant the use or disclosure of your protected information included:

- Preventing or controlling disease, injury or disability;
- Reporting births or deaths;
- Reporting the abuse or neglect of a child or dependent adult;
- Reporting reactions to medications are problems with products; or
- Notifying individuals exposed to a disease and maybe at risk for contracting or spreading the disease.

Health Oversight Activities: Your Protected Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health and oversight activities include audits, investigations, inspections were judicial/administrative proceedings which you are not the subjects of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our organization or our organization's compliance with certain laws and regulations.

Judicial and Administrative Proceedings: we may disclose you protected information in the course of a judicial or administrative proceeding, including in accordance with a court or administrative order or subpoena.

Victims of Abuse or Neglect: Other than child and appended adult abuse which is covered under public health activities, we may use or disclose your Protected Information to a protective services or social services agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect or domestic violence in accordance with any requirements or limitations applicable under Federal or state law. In some circumstances we may be required to provide notice to you of the disclosure.

Law Enforcement: we may also release your Protected Information to a law enforcement official for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, were administrative request;
- Identifying or locating a suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent duty in capacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest.
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct;
- Reporting evidence of criminal conduct that occurred on our premises or
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Coroner, Medical Examiners, Funeral Homes: Protected Information regarding a decedent may be released to a corner our medical examiner for the purpose of identifying a deceased person, determine cause of death or other duties as authorized by law. Protected Information regarding a decedent may also be disclosed a funeral directors if necessary to carry out their duties.

Specialized Government Function: Your Protected Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities;
- National Security and intelligence activities;
- Protective service of the President and others;
- Medical suitability determinations for Department of State officials;
- Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits.

Organ Donation: your Protected Information may be used or disclosed by us two entities engaged and the procurement, banking or transplantation of organs, eyes were two issues for the purpose of facilitating such donation and transplantation.

Workers' Compensation: We are allowed to disclose your Protected Information as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.

More Stringent Laws: Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, mental health information and genetic information are often given more protection. In the event your Protected Information is afforded greater protection under Federal or State law, we will comply with the applicable law.

Other uses and disclosures of Protected Information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, we must have your written authorization to disclose your Protected Information to an attorney who represents you. If you provide us permission to use or disclose Protected 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 Protected 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 provide to you.

Your Rights: Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information;
- Requests that certain uses and disclosures of your Protected Information be restricted; provided, however, if we may release the information without your consent or authorization, we have the right to refuse your request;
- You may restrict disclosure to a health plan of your Protected Information where you have paid the full and out of pocket costs for the services rendered. This restriction would apply only to those services where you had paid the four out of pocket costs, it would not apply to all their information relating to treatment which was paid for by or submit it to an insurer;
- Access to your Protected Information; provided, however, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Information be amended;
- Obtain an accounting of certain disclosures by us for your Protected Information for the past six years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Information, except to the extent that action has already been taken;
- Request communications of your Protected Information are done by alternative means or at alternative locations; and
- Notification of any breach of unsecured Protected Information relating to you and actions you may take in relationship to such a breach.

Important contact information: This notice has been provided to you as a summary of how we use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more information regarding your protected information, please contact **Special Care Services** at **772-222-7301**. Information can also be found on our website at: www.specialcareservices.com.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting us at 772-222-7301. You may also file a complaint with the Secretary of Health and Human Services. The following website: www.HHS.gov contains most reporting instructions and general information regarding these matters. There will be no retaliation for the filing of a complaint.

Effective Date: This notice becomes effective on **January 1, 2015**. Please know, we reserve the right to revise this notice at any time. You have the right to request a current copy of this Notice. A current notice of our privacy practices may be obtained from **Special Care Services** at **772-222-7301**.