

**Early Learning Coalition of
Florida's Heartland, Inc. (ELCFH)**

Effective Date: 4-14-03

**THIS NOTICE DESCRIBES HOW HEALTHCARE
INFORMATION ABOUT YOU OR YOUR MINOR CHILD MAY BE
USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice please contact the local division: Charlotte (941-255-1650) DeSoto (863-494-5233) Hardee (863-767-1002) or Highlands (863-314-9213).

**UNDERSTANDING YOUR HEALTH
RECORD/INFORMATION**

Each time you access one of our services, a record of your visit is made. Typically, this record contains information regarding your diagnosis (if applicable), treatment, and plan for future care or treatment. This health record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which we can coordinate billing for services when or if applicable.
- Tool for educating health professionals and source of data for healthcare research.
- Source of information for public health officials.
- Source of data for facility planning and marketing.
- Tool to assess and improve our services and outcomes.

Understanding what is in your record and how your health information is used helps you to:

- Ensure the accuracy of the information.
- Better understand who, what, where, and why others may access your healthcare information.
- Make more informed decisions when authorizing disclosure to others.

**OUR RESPONSIBILITIES REGARDING YOUR
HEALTHCARE INFORMATION**

This Notice of Privacy Practices describes the lawful ways in which we may use and disclose your protected health information ("PHI"). It also describes your rights and certain obligations we have regarding the use and disclosure of your PHI. "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required by law to:

- Maintain the privacy of the healthcare information that identifies you.

- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the notice currently in effect.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices under this notice and to make the new provisions effective for all PHI we maintain. You will be provided any revised Notice of Privacy Practices by asking for a copy at the time of your next visit to one of our offices, or by calling our Charlotte (941-255-1650) DeSoto (863-494-5233) Hardee (863-767-1002) or Highlands (863-314-9213) offices requesting that a copy be sent to you in the mail.

We will not use or disclose your health information without your authorization except as described herein.

**HOW WE MAY USE AND DISCLOSE MEDICAL
INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose PHI, including explanations and examples. All of the ways we are permitted to use and disclose information will fall within one of the categories although not every use or disclosure will be listed.

- **For Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services, including disclosure to another healthcare provider (e.g. a specialist, laboratory, or testing facility) who provides assistance with your health care diagnosis or treatment.

For example, we may disclose your PHI, as necessary, to a healthcare agency or provider to whom you have been referred to ensure that the healthcare agency or provider has the necessary information to diagnose or treat you.

- **For Payment.** We may use and disclose your PHI, so that the treatment and services you receive may be billed to and payment may be collected from, an insurance company, some other third party payer or you (if applicable). This may include disclosures required by the payer before it approves or pays for services such as: determination of eligibility or coverage for insurance benefits, determinations of medical necessity and utilization review.

For example, we may be required to disclose your diagnosis or the treatment plan to obtain prior approval for the treatment or to determine whether your insurance will cover the treatment

- **For Healthcare Operations:** We may use or disclose your PHI, as needed, for our business activities and healthcare operations necessary for us to deliver our services and to ensure our clients/members receive quality care. This may include, but is not limited to, quality assessment activities, employee review activities, training staff/non-staff (i.e. interns), business planning and development, licensing, and other business management and general administrative activities.

For example, we may use your PHI to review our services, to evaluate our staff, or to send you a client/member satisfaction survey.

- Business Associates.** We may share your PHI with third party “business associates” that perform various activities for our programs. For example, we may send your PHI to companies that assist us in billing, to a transcription service or to business associates who are supplying services through our programs. We require our business associates to appropriately safeguard your PHI.
- **Appointment Reminders.** We may use and disclose your PHI to remind you of an appointment.
- **Treatment Alternatives.** We may use and disclose your PHI to tell you about or recommend treatment options or alternatives. If you do not want us to contact you about treatment alternatives, you must notify the Executive Director in writing.
- **Health-Related Benefits and Services.** We may use and disclose your PHI to offer you our other benefits, services, or educational classes. For example, we may send you a program newsletter by using your name and U.S. mail address. If you do not want us to contact you about our health-related benefits, service, or medical education classes, you must notify the Executive Director in writing.
- **Individuals Involved in Your Care.** We may use and disclose your PHI to a family member, other relative, or other person you identify. We will disclose only PHI relevant to that person’s involvement in your care or payment for your care (if applicable). We may use and disclose your PHI for locating and notifying a family member, a personal representative, or another person responsible for your care about your location, condition, or death. You have the right to object to this use and disclosure. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.
- **Disaster Relief Efforts.** We may use or disclose your PHI to a public or private legally authorized or chartered disaster relief organization to coordinate notification of a family member, a personal representative, or another person responsible for your care about your location, condition, or death.
- **Facility Directory.** We may use and disclose, to our professional staff, in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. This information (except religious affiliation) may be disclosed to individuals inquiring about you by name. Clergy may be told your religious affiliation. You have the right to object to this use and disclosure. If you are unable to agree or object, we may disclose information we deem is in your best interest based on our professional judgment.
- **Research:** We may use and disclose your PHI for research purposes. For example, research may involve comparing the outcomes for clients/members who received one form of service to those who received another. Research projects are subject to a special approval process.
- **Fundraising.** We may use your PHI to contact you in an effort to raise money for our programs and their operation. We may disclose information to a foundation related to our practice so that the foundation may contact you in raising money for our programs, with your consent. We will only release contact information, such as your name, address, telephone number and email address, and the dates you received services through our program(s). If you do not want us to contact you for fundraising efforts, you must notify the Executive Director in writing.
- **Required By Law.** We will disclose your PHI as required by law.
- **Military and National Security.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President. We may also be required to disclose the PHI of Members of the Armed Forces:
- for activities deemed necessary by appropriate military command authorities
 - for the determination by the Department of Veterans of your eligibility for benefits, or
 - to foreign military authorities if you are a member of that foreign military service.
- **Workers’ Compensation.** We may disclose your PHI for workers’ compensation and other programs providing benefits for work-related injuries or illness.
- **Public Health.** We may disclose your PHI to public health agencies or legal authorities for public health activities, including to prevent a serious threat to your or others health and safety. 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 for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a client/member has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.
 - to prevent danger to self or others
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. Examples include: audits, investigations, inspections, and licensure. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, civil rights laws and other contractual obligations.
- **Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding, to the extent expressly authorized by a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement.** We may disclose your PHI to law enforcement officials for law enforcement, including:
- A court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;

- Pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- Suspicion that death has occurred as a result of criminal conduct;
- In the event that a crime occurs on the premises of a ELCFH facility or during a program; and
- In medical emergency circumstances where it is likely that a crime has occurred, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

➤ **Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI 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 disclose your PHI to a funeral director, as authorized by law, in order for the director to carry out its duties. We may disclose such information in reasonable anticipation of death.

➤ **Inmates.** We may release your PHI to the correctional institution or law enforcement official holding you in custody. This release would be necessary (i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR PROTECTED
HEALTH INFORMATION

The following are statements of your rights with respect to your PHI and brief description of how you may exercise these rights.

➤ **The Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about your care. This includes healthcare and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law or contractual obligation, that prohibits access to such information. To inspect your PHI, please forward your written request to

ELCFH
HIPAA Request
3028 Caring Way, Suite 4
Port Charlotte, Fl 33952

➤ If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other costs associated with your request.

We may deny your request to inspect and copy in some circumstances. If you are denied access to your PHI, you may, depending on the circumstances, have the right to request that the denial be reviewed. The Executive Director will review your request in compliance with ELCCD policy.

➤ **The Right to Amend.** If you feel that the PHI we maintain about you is incorrect or incomplete, you may request that we amend the information, for as long as the information is kept by or for our programs. To request an amendment, your request must be made in writing and submitted to

ELCFH
HIPAA Request
3028 Caring Way, Suite 4
Port Charlotte, Fl 33952

➤ You will be required to provide a reason that supports your request. We may deny your written request if you ask us to amend information that:

- 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 PHI kept by or for our programs,
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

➤ **Right to Request Restriction.** You have the right to request a restriction or limitation of your PHI we use or disclose for treatment, payment, or program operations. You have the right to request a limit on the information we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restriction, you must make your request in writing to
ELCFH
HIPAA Request
3028 Caring Way, Suite 4
Port Charlotte, Fl 33952

Your request must specify: (i) the information you want to limit; (ii) whether you want to limit our use, disclosure, or both; and (iii) to whom you want the limits to apply.

➤ **Right to Request Confidential Communications.** You have the right to request that you receive communications of PHI from us in a certain time or manner. For example, you may ask that we only contact you at work or by U.S. Mail. To request confidential communications, you must make your request in writing to:

ELCFH
HIPAA Request
3028 Caring Way, Suite 4
Port Charlotte, Fl 33952

➤ Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

➤ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" list of the disclosures we made of your PHI to others. The list does not include disclosures made:

- For treatment, payment, and operations identified in this Notice of Privacy Practices.
- To you
- Incident to a permitted use and disclosure
- Pursuant to an authorization
- For our facility directory
- For national security or intelligence purposes, and
- To correctional institutions or law enforcement officials.

To request an accounting of disclosures, you must submit your request in writing to

ELCFH

HIPAA Request
3028 Caring Way, Suite 4
Port Charlotte, FL 33952

Your request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. Your request should indicate in what form you wish to receive the accounting (e.g. paper or electronically). The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the list. You may choose to withdraw or modify your request based on cost.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this privacy notice. You may request a copy at any time.

OTHER USES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your PHI not covered by this Notice or laws that apply to our use and disclosure, will be made only with your written authorization. If at any time you revoke your authorization in writing, we will no longer use or disclose your PHI for the purposes covered by your written authorization. We are unable to take back any use or disclosure that has already been made with your authorization, and we are required to retain records of the services we provided you.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint, in writing, to:

ELCFH
Executive Director
3028 Caring Way, Suite 4
Port Charlotte, FL 33952

If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to apply the revised notice to the PHI already in our possession and to future information.

ACKNOWLEDGEMENT

Please sign and date the attached form. This form serves as your acknowledgement that you have received this Notice of Privacy Practices. Please tear this form from this Notice and return it to the receptionist or member service staff upon completion.