

Notice of Privacy Practices

Effective Date: August 31, 2006

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

For More Information, Please Contact Us:

Patricia A. Cawley, LCSW, BCD, Privacy Contact Person
Clinical Director
Camillus House, Inc.
336 NW 5th Street Miami, FL 33138
726 NE 1st Avenue Miami, FL 33132
Telephone Number: (305) 374-1065 Ext. 317
Facsimile (305) 372- 1402

Who We Are:

This Notice describes the privacy practices of **Camillus House, Inc.** and the privacy practices of all of its:

- Clinical staff, case managers, mental health technicians, volunteers and other support staff.
- Departments, including, for example, Administration, Accounting and Finance, Development, Direct Care Ministries, Housing, Security, Facility/Property, Transportation, Food Services, Information Systems, Institute for Social and Personal Adjustment, (ISPA) and JOB Program.
- Facilities where mental health and substance abuse services are provided, for example, Beckham Hall, the South Dade Homeless Assistance Center and Camillus House.

The people and organization, Camillus House, Inc./Camillus Health Concern, Inc. to which this notice applies may be referred to as “CH/CHC”, or to “we”, “our” and “us.” We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities described below.

Our Pledge:

We understand that the clinical record, treatment and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the information that we keep about you and the obligations that we have when we use and disclose your health information.

We are required by law to:

- Maintain the privacy of your health information.
- Give you this notice and provide it to anyone who asks for it.
- Follow the terms of the notice until we officially adopt a new notice.

How We May Use and Disclose Your Information:

We may use and disclose your personal health information or give it out to others for a number of different reasons. For each reason, we have written a brief explanation and have given some examples. These examples do not include all of the ways we may use or disclose your information:

For Treatment: We may use information about you to provide you with treatment and other services that are relevant to the course of your diagnosis, follow-up or referral. The staff of Camillus House and Camillus Health Concern, Inc will share with each other information about you that is necessary for your treatment, or for our internal evaluation and supervision of staff. We may disclose information about you to the doctors, nurses, technicians, medical students and others that are involved in your care at Camillus Health Concern, Inc. We may also share information in emergency situations with the hospital if you are hospitalized under our care.

For Payment: We may use and disclose health information about you to bill and collect payment from you, your payer, e.g., Department Children and Families, or other funding sources, including Medicaid and Medicare, or other third parties that may be available to reimburse us for some or all of your health care. For example, if you have health insurance, we may need to share information about your treatment with your health plan in order for your health plan to pay us or reimburse you. We may also disclose information about you to other providers that can arrange for payment relating to your care. We may also tell your health plan/funding source about treatment that you need to obtain your prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for our day-to-day operations, to review the services that we provide and to evaluate the performance of our staff in caring for you. We may also combine health information about our clients with other providers and entities to decide what additional services Camillus House, Inc. should

offer, what services are not needed, whether new treatments are effective or to compare how we are doing with others and to see where we can make improvements. We will remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who are clients are. We may also disclose your information as necessary to others who we contract with to provide administrative services. This includes our billing agents, lawyers, auditors and consultants. These third parties are often called “business associates.”

Health Related Services and Treatment Alternatives: We may use and disclose health information to tell you about health related services or to recommend treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to contact you with this information, or if you wish to have us use a different address when sending this information to you.

Fundraising / Promotional Activities: Camillus House, Inc advertises the services we provide, develops brochures and uses electronic media to fundraise. CH is often highlighted in the press, for example, radio shows and newspaper articles. Clients in CH programs are not required to promote CH. With your written informed consent you may participate in these activities, e.g., be interviewed by reporters, have your picture taken for publication, give tours of the facility and participate in a public speaking panel.

Research and Evaluation: Camillus House, Inc is always striving to improve services for clients. One way that we can do this is participate in research and evaluation studies. If you are eligible to participate in such a study we will inform you and obtain written permission if you desire to participate. All research and evaluation projects are subject to a special approval process. This process evaluates a proposed research/evaluation project and its use of health information, trying to balance the research needs and the client’s need for privacy. Before we use or disclose health information for research/evaluation, the project will have been approved in this special process.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Activities: We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent, control disease, injury or disability.
- To report child abuse or neglect.
- To report deaths
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits,

investigations, inspections and licensure activities. These activities are necessary for the government to monitor the health care system and government funded programs.

Lawsuits and Disputes: We may disclose information about you in response to a court or administrative order, subpoena or in defense of a lawsuit that you bring against Camillus House, Inc. In any other circumstance you will be requested to authorize release of information in writing.

Other Uses and Disclosures of Your Protected Health Information:

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

Your Rights:

You have certain rights with respect to your personal information. This section of our notice describes your rights and how to exercise them:

Right to Inspect and Copy: You have the right to inspect and copy the personal health information in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right does not include the right to inspect and copy psychotherapy notes, although we may, at your request and on payment of the applicable fee, provide you with a summary of these notes.

To inspect and copy your personal information, you must submit your request in writing to our privacy contact person identified on the first page of this notice. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

Right to Amend: If you feel that the information we maintain about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the privacy contact person identified on the first page of this notice. The request must be contained on one piece of paper legibly handwritten or typed. In addition, you must tell us why the information is not correct or complete.

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

- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment,
- Is not part of the health care information we use to make decisions about you.
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

Any amendment we make to your information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as previously described in this notice.

Right to Receive an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your health information that we have made. This accounting will not include all the disclosures that we make. For example, an accounting will not include disclosures:

- To carry out treatment, payment and health care operations.
- That you have authorized.
- Resulting from a court order

To request an accounting of disclosures, you must submit your request in writing to the privacy contact person identified on the first page of this notice. Your request must state the time period, which may not be more than six (6) years and may not include dates before April 14, 2003. The first list you request with in a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within thirty (30) days of your request, or notify you if we are unable to supply the list within that time period and by the date we can supply the list.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health care information we use or disclose about you for treatment, payment or health care operations.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you. If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to the privacy officer identified on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from the privacy contact person identified on the first page of this notice. You may also obtain a copy of this notice at www.camillus.org and copies are available at all of our sites.

State and Federal Laws:

Camillus House, Inc. abides by all federal and state laws. The federal law regarding confidentiality for clients who receive substance abuse treatment is stricter than the HIPAA Law. This means that clients who receive substance abuse treatment have more protections than outlined in this Notice of Privacy Practices.

Florida law generally requires the written permission of the client in order to disclose medical records for the purposes other than treatment. Therefore, in order to treat you, we will request your written permission to disclose information as described in this notice for purposes relating to payment and health care operations.

Changes to this Notice:

We reserve the right to change this notice and to make the necessary changed notice effective for all the health information that we maintain about you, whether it is information that we previously received about you or information that we may receive about you in the future. We will post a copy of our current notice in our facilities. Our notice will indicate the effective date on the first page, in the top right hand corner. We will also give you a copy of our current notice upon request.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may file a complaint by mailing or faxing us a written description of your complaint or by telling us about your complaint in person or over the telephone:

Name of Designated Privacy Contact Person: Patricia A. Cawley, LCSW, BCD
Designee's Title: Clinical Director
Name of Health Center: Camillus House, Inc.
Address: 336 NW 5th Street Miami FL 33138
Address: 726 NE 1st Avenue Miami FL 33132
Designee's Telephone Number: (305) 374-1065 x317
Fax: (305) 372-1402

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

Client ID Number _____

Camillus House, Inc.

About Our Notice of Privacy Practices

We are committed to protecting your personal information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this Notice.
- The person to contact for further information about our privacy practices.
- We are required by law to give you a copy of this Notice and to obtain your written acknowledgement that you have received a copy of this Notice.

Client Acknowledgment of Receipt

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

Client's Signature

Date

Signature of Client's Representative (if applicable)

Date

Description of Legal Authority to Act on Behalf of Client

Staff's Signature

Date

If this acknowledgement is not signed, please provide a description of your efforts in obtaining the signed acknowledgement and the reason the acknowledgement was not obtained.

Signature

Date