

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.

This notice of Privacy Practices describes how Charlotte Behavioral Health Care Inc. may use and disclose your protected health information (PHI*) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

Charlotte Behavioral Health Care (CBHC) wants you to be aware that we take your privacy very seriously and we will follow all State and Federal laws to protect the privacy of your protected health information.

Uses and disclosures

Treatment: Your PHI may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing your condition, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment, or by nurses who may need to review medications before responding to refill requests.

Payment: Your PHI may be used to seek payment from your health plan, (e.g., Medicare, Medicaid); from other sources of coverage such as state funding, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the condition being treated.

Health care operations: Your PHI may be used as necessary to support the day-to-day activities and management of CBHC. For example, information on the services you received may be used to support budgeting and financial reporting, (e.g., Department of Children and Families) and activities to evaluate and promote quality of services (e.g., accrediting agencies).

We may call you by name in the waiting room when the Therapist or Doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to confirm appointments.

We will share your protected health information with third party “business associates” that perform various activities (e.g. billing, laboratory services, and pharmacy services) for Charlotte Behavioral Health Care. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Law Enforcement: Your health information will be disclosed to law enforcement agencies to support government audits and inspections (e.g., Medicaid, Medicare), to facilitate law-enforcement investigations and to comply with government-mandated reporting. (e.g., child abuse, elder abuse, and domestic violence)

Public Health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Additional Uses of Information

We will use your PHI to send or call with appointment reminders.

We may use PHI to forward information regarding treatments that you may find interesting on the treatment and management of your mental condition. We may also send you information describing other health related services that we believe may interest you.

Electronic Communications: Communications you request sent to you via your e-mail, cell phone or fax transmission could represent a risk for protected health information being disclosed, due to interruptions of signals, and non secured or encrypted computer/phone lines.

Coroners, Funeral Directors, and Organ Donation: Protected health information may be disclosed to a coroner or medical examiner for purposes specified in federal or state law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit him to carry out his duties. Protected information may be disclosed for organ procurement purposes.

Emergencies: CBHC staff members may disclose protected health information without the authorization of the consumer if, in his or her professional judgment, such disclosure is necessary to reduce a serious and imminent threat to the health and safety of a person or the public. Protected health information may be disclosed in an emergency treatment situation. If this happens, your provider will try to obtain your consent as soon as reasonably possible after the delivery of treatment.

Workers Compensation: Protected health information may be disclosed to Workers Compensation as required by law.

Others involved in your healthcare:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly related to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest, based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location or condition. Lastly, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Communication Barriers:

Protected health information may be disclosed if attempts are made to obtain consent, but due to substantial communication barriers that prevent the individual from signing consent and the treating professional believes in his or her professional judgment that consent can be clearly inferred.

Your confidential healthcare information may **not** be released for any other purpose than that which is identified in this notice.

Other uses and disclosures require your authorization.

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

YOUR RIGHTS

Following is a statement of your rights, under the federal privacy rule, with respect to your PHI, and a description of how you may exercise these rights.

The Right to Request Restrictions: You have the right to request that CBHC restrict the use or disclosure of your PHI in connection with treatment, payment, or health care operations. CBHC is not required to accept such a request, but if we do, we are required to abide by that restriction until it is terminated. You may request that any part of your PHI not be disclosed to your family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state specific restrictions requested and to whom you want the restrictions to apply.

CBHC is not required to agree to a restriction that you may request. If CBHC believes it is in your best interest to permit use and disclosure of your protected health information, your PHI will not be restricted. If our agency does agree to restrict, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss with one of our professional staff any restrictions you wish on your PHI. You may request these restrictions by sending in writing what the restrictions are, and why you want them.

The right to receive confidential communications concerning your mental condition and treatment:

CBHC will accommodate reasonable requests. For example, you may wish that we contact you at work rather than at home. You may request that bills be sent to a PO Box instead of to your home address. We will accommodate this request when reasonable and when in writing. CBHC has a form that you may request from the Privacy Officer or Intake Person.

The right to inspect and copy your protected health information: You have the right to inspect and obtain a copy of PHI that we maintain and have in our possession, billing records, but not psychotherapy notes. The privacy rule defines psychotherapy notes as: "Notes recorded in any form by a health care provider who is a mental health professional documenting or analyzing the contents or conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the methods and frequencies of treatment, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date."

If you wish a copy of your PHI, you will be asked to complete a request in writing, to be given to the Privacy Officer or the Medical Records Department. There may be a fee related to the costs of copying, mailing, labor and supplies associated with your request.

The right to amend or submit corrections to your protected health information: The regulations permit you to request that CBHC amend the PHI that is any part of your medical record. You have a right to request an amendment for as long as CBHC maintains copies of your medical records. Example, if you feel the information about you is not accurate, or complete. To request the amendment, your request must be in writing. In addition you must provide a reason that supports your request.

CBHC reserves the right to deny your request for an amendment if it is not in writing, or does not include a reason to support the request. Additionally we may deny your request if you ask to amend information that:

Was not created by CBHC

Is not part of the information that you would be permitted to inspect and copy.

Information is accurate and complete.

The right to receive an accounting of how and to whom your protected health information has been disclosed:

An accounting of disclosures is a list of the disclosures we have made, if any, of your PHI.

You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, to family members or friends involved in your care or those made for notification purposes. You have a right to receive this information about disclosures that have occurred after April 14, 2003.

Your request must be made in writing and state a time period that cannot be longer than six years, and cannot include any dates before April 14, 2003. You can indicate in what form you want the list (e.g. paper, electronically). We may charge you for the costs of providing the list.

The right to receive a printed copy of this notice: You have a right to receive a copy of this Notice of Privacy Practices.

CBHC Duties: We are required by law to maintain the privacy of your PHI, and to provide you with this notice of Privacy Practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request we will provide you with the most recently revised notice. The revised policies and practices will be applied to all PHI we maintain.

Requests to Inspect Protected Health Information:

You may generally inspect or copy the PHI that we maintain, as permitted by federal regulation; we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting CBHC Medical Records Department, or the Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by contacting our Privacy Officer. If you feel we have violated your privacy rights you may contact the Secretary of Health and Human Services.

You may contact our Privacy Officer at CBHC 1700 Education Ave., Punta Gorda, FL 33950. If you believe your privacy rights have been violated, you should bring this to our attention; you will not be penalized or otherwise retaliated against for filing a complaint.

Contact Telephone: 941-639-8300

This notice is effective on or after April 14, 2003.

*PHI is defined as information that is created or received by a health care provider, that identifies or could reasonably be used to identify the individual (including demographic information) as it relates to past, present, or future physical or mental health condition, any health care service provided to an individual, and past, present, or future payments for the health care service provided.