

## HIPAA POLICY

This policy, per CFOP 60-17, dated 01 February 2003, describes how medical information about a client may be used and disclosed and how a client can get access to this information.

### Responsibilities Regarding Protected Health Information (PHI)

Our records about a client may contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard a client's Protected Health Information (PHI) which includes individually identifiable information about:

- ❖ a client past, present, and future health or condition
- ❖ provision of health care to a client
- ❖ payment for health care considered to be PHI

We are required to:

- ❖ safeguard the privacy of client PHI
- ❖ give each client this notice which describes our privacy practices
- ❖ explain how, when, and why we may use or disclose client PHI

Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the purpose for the use or disclosure.

***Privacy practices as described in this notice must be followed, but we reserve the right to change the terms of this notice at any time and to make the new notice provisions effective for all PHI that we receive, disclose, or maintain.***

### Why We May Need to Use or Disclose Client PHI

We use or disclose PHI for a variety of reasons. For some uses or disclosures, we must have the client's written consent, for others the law permits us to use or disclose client PHI without your authorization.

### Use and Disclosure Not Requiring Client Authorization - Treatment, Payment, Operations, Reminders

- ❖ For treatment, to doctors, nurses, and other health care personnel who are involved in providing health care
- ❖ To obtain payment for services provided for the client
- ❖ For health care operations in evaluating the quality of services provided for the client or for audit purposes to our accountant or attorney
- ❖ To remind the client of appointments unless the client provides alternative instructions

### Use and Disclosure Requiring Client Authorization

- ❖ When use or disclosure goes beyond treatment, payment, or health care operations, we are required to have the client's written authorization, unless the use or disclosure is an exception listed.
- ❖ Authorizations may be revoked by the client at any time to stop future uses or disclosures, except where we have already used or disclosed the client's PHI in reliance upon his authorization.

### Exceptions Not Requiring Client Authorization

- ❖ When a law requires disclosure to report suspected abuse, neglect, or domestic violence or in response to a court order or to a law enforcement official and to authorities who monitor our compliance with these privacy practices
- ❖ For public health activities when we are required to collect information about diseases or injuries or to report vital statistics to a public health authority
- ❖ For health oversight activities such as audits, inspections, civil/criminal investigations or actions
- ❖ To coroners, medical examiners or funeral directors relating to an individual's death
- ❖ For organ, eye, or tissue donation or transplant purposes to organ procurement organizations
- ❖ For research purposes in certain circumstances and under supervision of a privacy board or institutional review board
- ❖ To avert serious threat to health or safety as necessary to law enforcement or others who can reasonably prevent or lessen the threat of harm
- ❖ For specialized government functions in certain situations for military personnel and veterans to correctional facilities, government programs relating to eligibility and enrollment, and for national security reasons
- ❖ To comply with workers' compensation

### Uses or Disclosures For Which a Client Must Be Given an Opportunity to Object

We may disclose a client's PHI if we have told the individual that information will be used or disclosed and the individual did not object such as to family, friends, or others involved in the individual's care when disclosure is directly involved in care or payment for care or for notification about the individual's location, general condition, or death.

If there is an emergency situation and there is not enough time to allow the individual to object to the disclosure, the PHI may still be disclosed if the individual has *previously given your permission* and disclosure is determined to be *in his best interest*. The individual will be informed if this happens and given an opportunity to object to further disclosure as soon as he is able to do so.

### Client Rights As They Relate to PHI

- ❖ To request restrictions on uses or disclosures
  - ❖ The client has the right to ask that the use or disclosure of PHI be limited and the request will be considered, but we

are not legally bound to agree to the restriction. Restrictions we agree with will be put in writing and abided by except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.

- ❖ To choose how we contact the individual
  - ❖ The client has the right to ask that information be sent to an alternative address or by alternative means. We must agree to this request as long as it is reasonably easy to do.
  
- ❖ To inspect and copy PHI
  - ❖ Unless client access is restricted for clear and documented reasons, the client has the right to see his PHI if the request is in writing. The request will be responded to within 30 days for PHI kept by the company. If the client's access is denied, written reasons and explanation for the denial will be provided to the client and the client has the right to have the denial reviewed.
  
- ❖ To request amendment of PHI
 

If the client believes there is a mistake or missing information in the PHI, the individual may request in writing that the information be corrected or added to the record and we will respond within 60 days of receiving your written request.

  - ❖ The denial will state reasons for the denial and explain the client's rights to have the request, the denial, and any statements by the client added to the individual's PHI. The request may be denied if it is determined that the PHI is:
    - ❖ correct and complete
    - ❖ not created by us or part of our records
    - ❖ not permitted to be disclosed
  - ❖ The request may be approved and the PHI will be changed and the client and others who need to know about the change will be informed.
  
- ❖ To find out what disclosures have been made
 

The client has the right to get a list of when, to whom, for what purpose, and what content of his PHI has been released except for instances of disclosure that were made for treatment, payment, health care operations to the individual with written authorization, or for national security or intelligence purposes, to correctional institutions or law enforcement officials, or for the facility directory. The list will not include any disclosures made before 14 April 2003.
  
- ❖ To receive a copy of this notice on request

**How to Complain about our Privacy Practices**

If the individual thinks his privacy rights have been violated or you disagree with a decision about his access to your PHI, you may file a complaint with the Department of Children and Families in Tallahassee or file a written complaint with the Office of Civil Rights in Atlanta. If you have questions about this policy, need additional information, or have a complaint, contact the Program Administrator for Insytt, Inc., or The Department of Children and Families.

Program Administrator for Life's New Beginnings, Inc., Amy Martinez, 727-312-3108.

The Department of Children and Families, Office of Civil Rights, 1317 Winewood Blvd., Building 6, Room 124, Tallahassee, Florida 32399-0700, 850-487-1901.

Secretary of the US Department of Health and Human Services, US Department of Health and Human Services (HHS), Attention: Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, Georgia 32303-8909.

I have read and fully understand the HIPAA Policy and agree to follow its dictates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date