



Notice of Privacy Practices

Protected health information (PHI) includes personal demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. PHI includes health information created or received by a health care provider, health plan, employer, or health care clearinghouse. This medical information is used by Diversity Health Center (DHC) in many ways while conducting normal medical evaluation and care.

Your protected health information may be used or disclosed by DHC for purposes of treatment, payment, and typical health care operations. Health care professionals use medical information in the outpatient offices or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. DHC may use or disclose your health information for case management and services. We may send the medical information to insurance companies, Medicaid, or community agencies (such as commercial labs and radiology centers) to request or pay for the services provided you.

Your information may be used by certain DHC personnel to perform typical operations of a medical office, including sending appointment reminders, providing you with information about treatment options or other health-related services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by DHC and the FL Department of Health's divisions, bureaus, and offices.
- Investigations and audits by the State's Inspector General and Auditor General, and the legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- District medical examiner investigations.
- Disclosures to individuals involved with your care.
- Disclosures previously authorized by you to receive PHI.
- Disclosures made to carry out treatment, payment, and health care operations.
- Responses to court orders, subpoenas, or warrants.

INDIVIDUAL RIGHTS

You have the right to be assured that your information will be kept confidential. You have the right to inspect and receive a copy of your protected health information. You may request a summary for not more than a 6-year period from the date of your request. Your inspection of information will be supervised at an appointed time and place. You have the right to receive a summary of certain disclosures DHC may have made of your protected health information.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. Diversity Health Center may deny your request, in whole or part, if it finds the protected health information was not created by DHC or is deemed accurate and complete. If your correction is accepted, DHC will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. DHC will respond to your letter in writing.

DIVERSITY HEALTH CENTER'S RESPONSIBILITIES

DHC is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how DHC keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. DHC has the responsibility to notify you following a breach of your unsecured protected health information.

As part of our legal duties this Notice of Privacy Practices must be given to you. If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request. We are required to follow the terms of the Notice of Privacy Practices currently in effect. We are required to notify you of any changes in our privacy practices.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department of Health will not retaliate against you for filing a complaint.

Patient's Name (printed)

_____ / ____ / _____

Patient Signature

Date

Staff's Name (printed)

_____ / ____ / _____

Staff Signature

Date