



## Notice of Privacy Practices

### **Your Information. Your Rights. Our Responsibilities.**

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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.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable federal and state law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI. 4KIDS never markets or sells private information.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director



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- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Confidentiality of health information and records with prohibited disclosure** of your medical condition with any person other than you or your legal representative and healthcare providers involved in your care or treatment, **except upon your written authorization unless otherwise permitted or required by law.**

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone, email or text) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### **Get a list of those with whom we have shared information**

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide



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one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- If you feel we have violated your rights, you can file a complaint by contacting our Privacy Officer at Tim Putman, Vice President of Prevention and QA/I at 2717 West Cypress Creek Road, Fort Lauderdale, FL 33309.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or services
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.



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### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: Your case manager asks your therapist about your overall mental health condition.*

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.



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**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

The effective date of this Notice is September 2013.

4KIDS Privacy Officer and Contact Information:

Tim Putman, Vice President of Prevention and Quality Assurance and Improvement

[TimP@4KIDS.us](mailto:TimP@4KIDS.us)

954-979-7911



## Resident Rights and Responsibilities

You have the right to:

- Be treated with dignity and respect, and to receive services that are respectful and equitable including being responsive to cultural and linguistic differences.
- Fair and equitable treatment, without discriminatory practices.
- Privacy and confidentiality regarding your participation in services at 4KIDS, and sensitive or Protected Health Information, see Notice of Privacy Practices Form.
- Make informed decisions about your services and to understand the benefits and potential risks of services, and alternatives where they exist.
- Self-determination regarding services that are non-coercive and free from harassment, and protects other rights to self-determination as well.
- Fully participate in the development of your service plan.
- Receive services and communication within a reasonable timeframe.
- Refuse any service, treatment or medication, unless mandated by court order, and be informed of the potential consequences of such refusal, which may include discharge.
- Access to reside in safe, trauma-informed living conditions with assistance available 24 hours a day, 7 days a week.
- Maintain possess of your own property, consistent with the program rules and local, state and federal laws.
- Send and receive mail.
- Socialize and participate in program activities with other residents as defined by program rules.
- Have friends visit the house, consistent with the program rules, i.e. visitation hours; and local, state, and federal laws.
- Promptly access medical attention for any physical illness.
- Review records of your services and to add notes to your record, within a reasonable timeframe.
- Consistent enforcement of program rules and expectations; and to be informed those rules, expectations, or behaviors that may result in suspension, discharge or termination of services.
- Freedom of mistreatment or exploitation and the right to report any complaints, or submit a written grievance if you have a problem or complaint without fear of reprisal.

Your responsibilities include, to:

- Truthfully provide all information needed by the program to provide effective services.
- Abide by program rules.
- Treat other residents and program team members with dignity, respect, fairness and equality.



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- Honor the privacy and confidentiality of other residents and their participation in services at 4KIDS as they desire.
- Ask questions and take full responsibility to understand and make decisions about your services, including the benefits and risks, where they exist.
- Behave in a way that maintains a safe, trauma-informed living conditions for all involved in the program.
- Participate in the upkeep of the residence, and your own possession in a safe and responsible manner.
- Maintain appropriate hygiene, self-care and ADL consistent with independent living, including securing and effectively, self-managing over-the-counter and prescribed medications.
- Secure and maintain your own possessions, consistent with the program rules and local, state and federal laws.
- Respect the privacy of others' mail and packages.
- Honor program rules and other residents' privacy and space, including but not limited to rules re: visitors.
- Fully participate in the development and execution of your service plan.
- To provide honest information regarding yourself, your experiences, your goals, your feedback on the program.
- Participate in services and communication within a reasonable time frame.
- Submit a written request to the access your record or to submit a note to your record should you desire to do so.
- Socialize and participate in program activities with other residents as defined by program rules.
- Promptly access medical attention for any physical illness or injury.
- Promptly access mental health, substance use or other services as needed.
- Treat other residents and program team members in a manner free from of mistreatment or exploitation, and advocate on others behalf should they experiencing the above.
- Provide proper nurture, discipline and care for your child(ren), within the 4KIDS Discipline Policy, if applicable.
- Promptly pay program/lease fees as agreed.

### Grievance Procedure

The purpose of this procedure is to resolve complaints or grievances in a timely manner.

All residents have the right to file a grievance without interference or retaliation.

1. Residents are expected to attempt to resolve their concerns about others, by communicating their concern or complaint informally, and directly to the person



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involved. If they feel they cannot do so on their own, an objective team member may be asked to be present to facilitate the conversation and problem solving.

2. If the situation or concern is not resolved or the concern is about the program, the resident should discuss the issue with the program supervisor.
3. If the situation or concern is not resolved, or involves abuse, neglect or exploitation; the person should submit a written grievance that includes the person's name, the issue of concern; who is involved in the situations or concern; what, if anything, the person has done to resolve the problem already; the proposed solution; and desired outcome to the Program Director. The Program Director will respond to the written grievance in writing within 5 business days of receipt of the written grievance.
4. If the situation or concern is not resolved by the Program Director, the resident may submit all the documentation and information related to the issue, to the next level of supervision up to and including the Executive Vice President. Each response should be returned within 5 business days of the submission. The decision of the Executive Vice President will be considered final.