

Catholic Charities of the Diocese of Palm Beach, Inc.

Notice of Privacy Practices

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

Effective Date of Notice: _____.

Catholic Charities is required by law to take reasonable steps to protect the privacy of your Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI means any written and oral information about you, including demographic data that can be used to identify you. This information relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This Notice also describes your privacy rights with respect to PHI about you.

The agency is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

Uses and Disclosures of Protected Health Information

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your treatment or related services. For example, we may disclose PHI to physicians who may be treating you.

Payment: Your PHI will be used, as needed, to obtain payment for the services that we provide. This may include disclosing PHI to your health insurance company to determine whether you are eligible for benefits. We may also need to disclose your PHI to demonstrate the necessity of the services of, as required by your insurance company, for utilization review.

Operations: We may use or disclose your PHI as necessary, for our own operations to facilitate the function of the services and to provide quality care to all clients. These operations include such activities as quality assessment and improvement activities, employee review activities, accreditation activities, and general administrative activities.

Uses and Disclosures Beyond Treatment, Payment, and Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

- *As Required By Law:* We will disclose your PHI when we are required to do so by any federal, state, or local law.
- *To Report Suspected Abuse, Neglect, or Domestic Violence:* We may notify authorities if we believe that a client may be the perpetrator or victim of abuse, neglect, or domestic violence involving a child.
- *In the Event of a Serious Threat to Health or Safety:* We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- *To Conduct Health Oversight Activities:* We may disclose your PHI to a health oversight agency for activities including civil, administrative, or criminal investigations, proceedings; or actions or other activities necessary for appropriate oversight as authorized by law.
- *Lawsuits and Disputes:* If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to an order of a court.
- *For Law Enforcement Purposes:* We may disclose your PHI to a law enforcement official for law enforcement purposes, such as for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person or, under certain circumstances, when you are the victim of a crime.
- *To Coroners, Funeral Directors and for Organ Donation:* We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye, or tissue donation purposes.
- *For Specified Government Functions:* In certain circumstances federal regulations authorize the practice to use or disclose your PHI to facilitate specified government functions relating to military or national security.

Rights of Individuals

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the protect health information contained therein. You have the following rights and/or options with respect to your protected health information.

- You may request restrictions on uses and disclosures of your PHI to carry out treatment, payment or health care operations, or request us to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, we are generally not required to agree to your request.
- We will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.
- You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.
- You have a right to inspect and obtain a copy of your PHI contained in a “designated records set,” for as long as we maintain the PHI.
- PHI includes all individually identifiable health information transmitted or maintained by us, regardless of form.
- “Designated record set” includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated records set.
- The requested information will be provided within thirty (30) days if the information is maintained on site or within sixty (60) days if the information is maintained offsite. A single thirty (30)-day extension is allowed if we are unable to comply with the deadline.
- You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the officer as indicated with respect to the address below.
- If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

- You have the right to request amendments to your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. We have sixty (60) days after the request is made to act on the request. A single thirty (30)-day extension is allowed if we are unable to comply with the deadline. If the request is denied in whole or part, we must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.
- Requests for amendment of PHI in a designated record set should be made to the officer as indicated with respect to the address below.
- You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.
- At your request, we will also provide you with an accounting of disclosures by us of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; or (3) prior to the compliance date.
- If the accounting cannot be provided within sixty (60) days, an additional thirty (30) days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a twelve (12)-month period, we will charge a reasonable, cost-based fee for each subsequent accounting.
- You may obtain a paper copy of this Notice by contacting the officer as indicated with respect to the address below.
- You may exercise your rights through your personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms: (1) a power of attorney for health care purposes, notarized by a notary public; (2) a court order of appointment of the person as the conservator or guardian of the individual; or (3) an individual who is the parent of a minor child. We retain discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Our Duties and Responsibilities

- We are required by law to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices. The effective date of this Notice begins on _____ and we are required to comply with the terms of this Notice. However, we reserve the right to change our privacy practices and to apply the changes to any PHI received or maintained by us prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to those for whom we still maintain PHI. We will provide notice by using the following method: _____
_____. Any revised version of this Notice will be distributed within sixty (60) days of the effective date of any material change to the uses or disclosures, the individual's rights, our duties or other privacy practices stated in this Notice.
- Pursuant to the minimum necessary standard, when using or disclosing PHI or when requesting PHI from another covered entity, we will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.
- The minimum necessary standard will not apply in the following situations: (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the individual; (3) disclosures made to the Secretary of the U.S. Department of Health and Human Services; (4) uses or disclosures that are required by law; and (5) uses and disclosures that are required for our compliance with legal regulations and other laws.
- This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual and is not individually identifiable health information.

Complaints

You have the right to express complaints to us and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You may file complaints directly with the Secretary of the U.S. Department of Health and Human Services at the following address:

Secretary of the U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, DC 20201

We will not retaliate against you for filing a complaint.

You may complain to us by contacting the Privacy Officer verbally or in writing, using the contact information below. Our contact person for all issues regarding client privacy and your rights under the federal privacy standards is the Privacy Officer. If you feel that your privacy rights have been violated by us, you may submit a complaint to our Privacy Officer by sending it to:

Catholic Charities Diocese of Palm Beach
Privacy Officer
P.O. Box 109650
Palm Beach Gardens, FL 33410
(561) 775-9573

Conclusion

PHI use and disclosure by us is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find applicable rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supercede any discrepancy between the information in this notice and the regulations. In addition, state law may be applicable in certain instances.