



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

As an organization we respect the privacy of your personal health information and are committed to maintaining our clients' confidentiality. This Notice applies to all information and records related to your care that our agency has received or created. It extends to information received or created by our employees, staff, volunteers, and physicians. This Notice informs you about the possible uses and disclosures of your personal health information by this agency. It also describes your rights and our obligations regarding your personal health information.

This Facility is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact the agency Privacy Officer.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you are admitted to our Facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

I. HOW WE USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

For Treatment: We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to facility and non-facility personnel who may be involved in your care, such as physicians and nurses. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose personal health information to individuals who will be involved in your care after you leave the agency. This may include family members, or visiting nurses to provide care in your home.

For Payment: We may use and disclose your personal health information so that we can bill and receive payment for the treatment and services you receive at the agency. For billing and payment purposes, we may disclose personal health information to your representative, ACHA, insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicaid or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

For Health Care Operations: We may use and disclose your personal health information for operational purposes. These uses and disclosures are necessary to manage and monitor our quality of care. For example, we may use personal health information to evaluate our agency services, including the performance of our staff. We may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many residents to help determine what additional services should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Facility including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Facility.

II. OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

Business Associates: There are some services provided in our Facility through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Facility: Unless you object, we may use and display chart nametags and client photographs in the facility for activity programs and safety concerns. We may also label client property for identification reasons. Make any such objection in writing and deliver to your privacy contact.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your personal health information to your legal representative or caseworker that is involved in your care. Make any such objection in writing and deliver to your privacy contact.

Disaster Relief: We may disclose your personal health information to an organization assisting in a disaster relief effort.

As Required By Law: We will disclose your personal health information when required by law.

Public Health Activities: We may disclose your personal health information for public health activities. These activities may include, for example:

- reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect
- reporting to the Federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements
- to notify a person who may have been exposed to a communicable disease or otherwise be at risk for contracting or spreading a disease or condition or otherwise be at risk for contracting or spreading a disease or condition
- for certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Mistreatment, Neglect or Domestic Violence:

If we believe that you have been a victim of abuse, mistreatment, neglect or we may use and disclose your personal health information to notify a government authority if required to, authorized by law, or if you agree to the report.

Health Oversight Activities: We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: We may disclose your personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement: We may disclose your personal health information for certain law enforcement purposes, including:

- as required by law to comply with reporting requirements
- to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process
- to identify or locate a suspect, fugitive, material witness, or missing person
- when information is requested about the victim of a crime if the individual agrees or under other circumstances
- to report information about a suspicious death
- to provide information about criminal conduct occurring at the agency
- to report information in emergency circumstances about a crime
- where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody

Research: We may allow personal health information of clients from our facility to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protection.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your personal health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety: We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.

Workers' Compensation: We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities: Protected Services for the President and Others:

We may disclose personal health information to authorized federal officials conducting security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Appointment Reminders and Follow Up Service After Discharge: We may use or disclose personal health information to remind you about appointments. We may use or disclose personal health information to follow up with you on the care provided while at the agency.

Treatment Alternatives: We may use or disclose personal health information to inform you about treatment alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use or disclose personal health information to inform you about health-related benefits and services that may be of interest to you.

Reporting Federal and state laws may require or permit the Facility to disclose certain health information related to the following:

Public Health Risks: We may disclose health information about you for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;

Health Information Availability After Death. The health care provider may use or disclose information without your authorization 50 years after the date of your death. If you wish to restrict such use and disclosure, please see "Right to Request Restrictions" below.

Daniel Directory. Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g., "stable," or "unstable"), and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization.

If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- a. To individuals involved in your care—we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care; and,
- b. To family—we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death.

III. Your Authorization Is Required For Other Uses Of Personal Health Information:

We will use and disclose personal health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose personal health information in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you revoke your Authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION:

You have the following rights regarding your personal health information at the agency.

Right to Request Restrictions: You have the right to request restrictions on our use or disclosure of your personal protected health information for treatment, payment of health care operations. You also have the right to restrict the personal health information we disclose about you to your legal representative or other people who are involved in your care or the payment of your care. Make any sure request in writing, delivered to your privacy contact. Additionally, *Daniel* must comply with your request that PHI (Protected Health Information) regarding a specific health care item or service not be disclosed to a health plan for purposes of payment or health care operations if you paid out-of-pocket, in full, for that item or service.

Right of Access to Personal Health Information: You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. Your request for inspection or access must be submitted in writing to Health Information Management Director, 3725 Belfort Rd. Jacksonville, FL 32216 or via fax at (904) 448-7700 Attn: HIM Director. We may charge a reasonable fee for our costs in copying and mailing your requested information.

Right to Request Amendment: You have the right to request the agency to amend any personal health information maintained by the agency for long as the information is kept by or for the agency. You must make your request in writing and must state the reason for the requested amendment. Deliver such a request to your privacy contact.

We may deny your request for amendment if the information:

- was not created by the agency, unless the originator of the information is no longer available to act on your request'
- is not part of the personal health information maintained by or for the agency;
- is not part of the information to which you have the right of access; or
- is already accurate and complete, as determined by the agency.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures: You have the right to request an "accounting" of our disclosures of your personal health information. This is a listing of certain disclosures of your personal health information made by the agency or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing to the privacy contact, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requesting: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice, even if you have agreed to receive this Notice electronically. You may request a copy at any time. (You may obtain a copy of this Notice at our website, www.danielkids.org)

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, if you receive outpatient services you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests. To request confidential communications, you must submit your request in writing to Health Information Management Director, 3725 Belfort Rd. Jacksonville, FL 32216 or via fax at (904) 448-7700 Attn: HIM Director.

Right to be Notified of a Breach. Your provider is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.

V. Complaints:

If you believe that your privacy rights have been violated, you may file a complaint in writing to the Privacy Contact, the Privacy Officer at Daniel Memorial, Inc. or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint about the agency, contact the Privacy Officer by calling 1-904-296-1055

We will not retaliate against anyone who files a complaint.

VI. Changes To This Notice:

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received in the future. We will post a copy of the current Notice in the agency. In addition, we will provide a copy of the revised Notice to all clients.

VII. For Further Information:

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact our Privacy Officer at the following address or phone number

Privacy Officer
Daniel Memorial, Inc.
3725 Belfort Road
Jacksonville, FL 32216
Phone: 1-904-296-1055

Effective Date of This Notice: 09/01/2013