

Meridian Behavioral Healthcare Center, Inc.  
**NOTICE OF PRIVACY PRACTICES**

**IMPORTANT:** THIS NOTICE DESCRIBES YOUR PRIVACY RIGHTS AS A CLIENT OF MERIDIAN BEHAVIORAL HEALTHCARE CENTER, INC. AND HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED. PLEASE REVIEW THIS NOTICE CAREFULLY AND LET YOUR SERVICE PROVIDER KNOW IF YOU HAVE ANY QUESTIONS.

The terms of this Notice of Privacy Practices applies to all services performed by Meridian Behavioral Healthcare Center, Inc. and are effective April 1, 2003. This organization and its employees will share individual patient health information as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. This agency is required by law to maintain the privacy practices with respect to your individual health information. We reserve the right to change the terms of this Notice of Privacy Practices as necessary. A copy of any revised notices will be available in this office, or, upon written request to 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608. A copy may be picked up at this address, within 15 days of the request.

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

Except as described below, this agency will maintain the confidentiality of your individual health information. Your individual health information may be used and disclosed as customary and reasonable for purposes of treatment, payment and health care operations as well as pursuant to a signed authorization form permitting the use or disclosure. You have the right to revoke that authorization in writing unless any action has been taken in reliance on the authorization.

#### **TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

Except as otherwise provided, or with your signed consent, this agency will use your individual health information as necessary for purposes of your treatment, payment and as necessary for our health care operations which include clinical supervision, clinical improvement, professional peer review, business management, accreditation and licensing, as permitted by law.

#### **FAMILY AND FRIENDS**

With your written permission and using our best judgment, individual health information may be disclosed to designated family, friends and others who are involved in your care or in payment of your care. If you are incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your permission.

#### **BUSINESS ASSOCIATES**

At times it may be necessary for us to provide your individual health information to certain outside persons or organizations that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to properly safeguard the privacy of your information.

#### **APPOINTMENTS AND SERVICES**

This agency may contact you to provide appointment reminders or information about your treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you, to receive communications regarding your individual health information from us by alternative means or at alternative locations. You may request such confidential communication in writing and may send your request to 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608.

#### **OTHER USES AND DISCLOSURES**

Other uses and disclosures of your individual health information, permitted or required by law, may be made without your consent or authorization

- Release of your individual health information for any purpose required by law, including but not limited to court order
- Release of your individual health information for public health activities, such as required reporting of disease, injury, birth, death and for required health investigations
- Release of your individual health information as required by law if we suspect child, elderly or disabled abuse or neglect
- Release of your individual health information as required by law if we believe you to be the victim of abuse, neglect or domestic violence

- ❑ Release of your individual health information to Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls
- ❑ Release of your individual health information if required by law to a government oversight agency conducting audits, investigations or civil or criminal proceedings
- ❑ Release of your individual health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release
- ❑ Release of your individual health information to law enforcement officials as required by law to report wounds and injuries and crimes
- ❑ Release of your individual health information to coroners and/or funeral directors consistent with law
- ❑ Release of your individual health information to workers' compensation agencies if necessary for your workers' compensation benefits determination.

## **YOUR RIGHTS**

### **1. Access to Individual Health Information**

You have the right to inspect the record of your individual health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your legal representative. We will charge you a fee of 25 cents per page if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information of you request such a summary. You may obtain an access request form from our Medical Records Department at 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608.

### **2. Amendments to Individual Health Information**

You have the right to request in writing that individual health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us, if we believe that such notification is necessary. You may obtain an amendment request form from our Medical Records Department at 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608.

### **3. Accounting for Disclosures of Individual Health Information**

You have the right to receive an accounting of certain disclosures made by us of your individual health information after April 14, 2003. Requests must be made in writing and signed by you or your legal representative. Accounting request forms are available from our Medical Records Department at 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608. The first accounting in any 12-month period is free; you will be charged a fee of \$2.00 for each subsequent accounting you request in a 12-month period.

### **4. Restrictions on Use and Disclosure of Individual Health Information**

You have the right to request certain restrictions on certain of our uses and disclosures of your individual health information. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate and agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to our Medical Records Department at 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you can file a complaint with our Corporate Compliance Officer at 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608. You may also file a complaint with the Secretary of the US Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

If you have any questions or need additional assistance regarding this Notice, you may contact our Corporate Compliance Officer at 4300 SW 13<sup>th</sup> Street, Gainesville, Florida, 32608.

Meridian Behavioral Healthcare Center, Inc.

**Notice of Privacy Practices - Staff Acknowledgement Statement**

I have received a copy of the Meridian Behavioral Healthcare Center, Inc. NOTICE OF PRIVACY PRACTICES. I understand the efforts Meridian is making to ensure the privacy of my protected health information.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_