



NOTICE OF PRIVACY PRACTICES

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

The terms of this Notice of Privacy Practices apply to all services performed by Meridian Behavioral Healthcare Center, Inc. and are effective October 1, 2018. 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 13th 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 healthcare operations. For all other uses except for those required by the Department of Children and Families or the Partnership for Strong Families or certain other State and Federal agencies, we must have a signed authorization form permitting any other 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 limited by State and Federal privacy laws, or with your signed consent, this agency will use your individual health information as necessary for purpose of your treatment, payment and as necessary for our health care operations which include clinical improvement, professional peer reviews, business management, accreditation and licensing, as permitted by law.

FAMILY AND FRIENDS

With your written signed permission, and subject to the best judgment of Meridian, your individual health information may be disclosed as designated by you to family, friends or 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 Meridian to provide some of your health information to certain outside persons, organizations or agencies that assist us with our health care operations, our auditing, our accreditation, necessary legal services, computer hardware and software and other kinds of business operations. These business associates are required by a written agreement with Meridian to properly safeguard the privacy of your information and to report to Meridian any breaches of privacy which may occur to or through the business associates.

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 13th 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 but after you have been notified of any of the following:

- Release of your health information for any purpose required by law, including but not limited to court order after notice, a subpoena after notice or at the direction of State or Federal agency with authority;
- 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 have good reason suspect child, elderly or disabled abuse or neglect of or by you or someone with whom you are associated;
- 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;



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- 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;
- Release of your individual health information to law enforcement officials as required by law to report wounds and injuries and crimes or for purposes of identification;
- 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

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 a \$1.00 per page for the first 25 pages and \$.25 for every page after 25. 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 Health Information Management department at 4300 SW 13th Street, GAINESVILLE, FLORIDA, 32608.

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 Health Information Management department at 4300 SW 13th Street, GAINESVILLE, FLORIDA, 32608. If your request is denied, you have a right to submit a writing to Meridian which will be included in your individual health information showing your request for amendment and the denial of it.

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 Health Information Management department at 4300 SW 13th 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.

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 Health Information Management department at 4300 SW 13th Street, GAINESVILLE, FLORIDA, 32608. If you or someone on your behalf requests a restriction asking that we do not disclose a particular care or treatment to a health plan and you document that all charges for the care and treatment have been paid for by you, we will honor that request.

COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with our Corporate Compliance Officer located at 4300 SW 13th Street, GAINESVILLE, FLORIDA, 32608. You may also file a complaint in writing within 180 days of a violation of your rights with the US Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue SW, WASHINGTON, DC 20201; by phone calling 1.877.969.6775; or online by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. 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, Kimberly Abbott, Sr. Vice President of Human Resources, by mail: 4300 SW 13th Street, Gainesville, Florida 32608; phone: 352.374.5600; fax: 352.371.9841; or e-mail: Kimberly_Abbott@mbhci.org.