



Client Notice of Privacy Practices and Rights under the Privacy Rule (HIPAA)

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.

*Types of uses and disclosures that the program may make without the patient's consent or authorization in connection with treatment, payment or health care operations.

1. To qualified service organizations or business associates who provide services to the program's treatment; payment or health care operations;
2. In medical emergencies;
3. Authorized by court order;
4. To auditors and evaluators;
5. To researchers if the information will be protected as required by Federal regulations;
6. To report suspected child abuse or neglect; and
7. To report a crime or a threat to commit a crime on program premises or against program personnel.
8. To disclose to authorities if individual threatens to harm self or others.

PROHIBITION ON RE-DISCLOSURE: This information disclosed from records is protected by Federal confidentiality rules (42 CFR Part 2, Sec. 2.31 and 45 CFR Parts 160 & 164 as applicable). The Federal rules prohibit making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 and/or 45 CFR Parts 160 & 164. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

- Note that other types of uses and disclosures that require an authorization under 45 CFR 160.508(a)(2)–(a)(4) not described in the notice will be made only with the individual's written authorization. The individual may revoke an authorization as provided by 164.508(b)(5), unless the program has taken action in reliance on the consent or authorization.
- The program may contact the client to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the client;
- It is required by law to maintain the privacy of Protected Health Information (PHI) and to notify patients of its legal duties and privacy practices, including any changes to its policies;



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- The program must abide by the terms of the notice currently in effect. The program reserves the right to change the terms of its notice and to make the new notice provisions effective for all information it maintains. If the terms of the notice change the revised notice will be posted on the program website: www.lifeskillssouthflorida.com.

For further information contact:

Lifeskills South Florida
Executive Officer
Phone: 954-834-5099

Each client has certain rights with respect to Protected Health Information (PHI) and may exercise those rights, including:

1. The right to request restrictions on certain uses and disclosures of PHI; Note that the program is not required to agree with requested restrictions;
2. The right to receive confidential communications of PHI (such as having mail and telephone calls be limited to home or office location);
3. The right to access and amend PHI;
4. The right to receive an accounting of the program's disclosures of PHI and to be notified following a breach of unsecured protected health information
5. The right to complain-free from retaliation- to the program and to the Secretary of Health and Human Services (HHS) about violations of privacy rights, and information on how to file a complaint with the program; and
6. The right to obtain a paper copy of the notice upon request.
7. The right to be notified following a breach of their unsecured PHI;
8. They may be contacted to raise funds and have the right to opt out of receiving such communications;
9. Most uses of and disclosures of PHI for marketing purposes and sales of PHI require the individual's authorization (entities that record or maintain psychotherapy notes also must state specifically that most uses or disclosures of such notes require the individual's authorization);
10. Uses and disclosures not described in the Privacy Notice will be made only with the authorization from the individual; and
11. Covered health care providers must state in their Privacy Notices that individuals have the right to restrict certain disclosures of PHI to a health plan when the individual (or any person other than the health plan) pays for treatment at issue out of pocket in full.

Effective Date of Notice:

August 21, 2013