

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed and how you can access this information. Please review it carefully.

We have summarized our responsibilities and your/your child's rights on this first page. For a complete description of our privacy practices, please review this entire notice.

Our Responsibilities

Broward Children's Center is required to:

1. Maintain the privacy of your/your child's health information.
2. Provide you/your parent with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you/your child.
3. Abide by the terms of this notice.

Your Rights

As a client of our program, you/your parents have several rights with regard to your health information, including the following:

1. The right to request restrictions on our uses and disclosures of your/your child's protected health information.
2. The right to request to receive communications of protected health information in confidence.
3. The right to access and obtain a copy of your/your child's protected health information
4. The right to request an amendment to you/your child's health information.
5. The right to an accounting of disclosures of your/your child's health information.
6. The right to revoke your authorization to use or disclose health information.

We reserve the right to change our privacy practices and to make new provisions effective for all health information we maintain. Should our privacy practices change we will post the changes on the bulletin boards in our facilities, as well as our web site. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your/your child's health information without your authorization, except as described in this notice.

If you have any questions and would like additional information, you may contact the facility's Privacy Officer, Lisa Shafer at 954-941-1228 #113.

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.

Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Fund raising: Unless you notify us you object, we may contact you as part of a fund raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund raising material you receive.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

YOUR HEALTH INFORMATION RIGHTS

Although your/your child's health record is the physical, property of Broward Children's Center, the information in your/your child's health record belongs to you. You/your child has the following rights:

- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our web site: www.bcckids.org.
- You may request that we not use or disclose your/your child's health information to a particular reason related for treatment, payment and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your/your child's health information you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing to the Social Service Office. We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of health information about you/your child, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, to better respond to your request we ask that you make such requests in writing on our organization's standard form. If you request to have copies made, we will charge you a reasonable fee.
- If you believe that any health information in your/your child's record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our organization to make such requests. For a request form, please contact the Privacy Officer. However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
 - a. was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - b. is not part of your medical or billing records;
 - c. is not available for inspection as set forth above; or
 - d. is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

- You may request that we provide you with a written accounting of all disclosure made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our organization. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for

reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved in your care; disclosures to law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12 month period. However, for any requests that you make thereafter, you will be charged a reasonable cost-based fee.

- You may revoke an authorization to use or disclose health information, except to the extent that the action has already been taken. Such a request must be made in writing.

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Upon admission to a BCC program your/your child's health information is compiled into a medical record/chart. The content of an individual's medical record varies between BCC programs depending upon the type of medical services provided. Typically, this record contains your/your child's symptoms, examinations, diagnoses, test results, treatment, and a plan for your/your child's future care or treatment. This information serves as a:

- basis for planning your/your child's care and treatment
- means of communication among the many health professionals who contribute to your/your child's care
- legal document describing the care you/your child received
- means by which you/your parent or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your/your child's record and how your health information is used helps you/your parent to: ensure its accuracy, better understand who, what, when, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Lisa Shafer, at the contact information below. If you believe that your/your child's privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our organization. The complaint form may be obtained from the Social Services Office and when completed should be returned to the Social Services Office. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint. The contact information for both is included below.

U.S. Department of Health and Human Services

Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
<http://www.hhs.gov/contacts>

Broward Children's Center

Lisa Shafer, LPN, Privacy Officer
200 SE 19th Ave,
Pompano Beach, FL 33060
Tel: 954-941-1228 Ext. 113
Fax: 954-941-1164
lisas@bcckids.org

NOTICE OF PRIVACY PRACTICES AVAILABILITY

You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's web site at www.bcckids.org.