



Youth Crisis Center Inc
HIPPA PRIVACY POLICY

YOUR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED IN SOME CIRCUMSTANCES. THIS PRIVACY POLICY NOTIFICATION TELLS YOU HOW TO GAIN ACCESS TO YOUR PROTECTED HEALTH INFORMATION (PHI).

~~~PLEASE REVIEW THIS NOTICE CAREFULLY~~~

Your health record contains personal information about you that may identify you and relates to your past, present, or future physical or mental health. This information and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Policy describes how we may use and disclose your PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA). It also describes your rights regarding how you view and monitor your PHI. We are required by law to inform you of how we may use your PHI and your rights.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your mental health care treatment and related service.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. (I.e. clerical services)

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are: Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department) or required by a Court Order. Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization. Please note, the client may revoke his/her authorization, in writing, at any time.



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Right of Access to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care, which may be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Right to a Copy of this Notice. You have the right to a copy of this notice.

YOUR RIGHTS REGARDING YOUR PHI. You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to:

Youth Crisis Center, Inc
Quality Assurance/Chief Clinical Officer
3015 Parental Home Road
Jacksonville, FL 32216

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing to one of the following:

Youth Crisis Center
Quality Assurance/Chief
Clinical Officer
3015 Parental Home Road
Jacksonville, FL 32216

Secretary of Health and Human
Services
200 Independence Avenue,
S.W.
Washington, D.C. 20201
Or call (202) 619-0257

Please note, an individual will not be retaliated against for filing a Complaint.



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HIPAA Privacy Rule Receipt of Notice of Privacy Practices Written Acknowledgement Form
Acknowledgement of receipt of information practices notice (S164.520(a))

I, _____ (client's name or legal guardian if client is a minor) understand that as part of my healthcare, this facility originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care of treatment. I acknowledge I have been provided with and understand this facility's Notice of Privacy Practices, which provides a complete description of the uses and disclosures of my health information. I acknowledge that:

This facility reserves the right to change their Notice of Privacy Practices and prior to the implementation of this will mail/provide a copy of any revised notice to the address provided, if requested.

I have reviewed this facility's Notice of Privacy Practices prior to signing this acknowledgement.

Signature of Client or Legal Guardian

Date

Witness Signature

Date

For Facility Use Only

This facility attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- The client or legal guardian refused to sign the form
- Communication barrier prohibited the acknowledgement although it was provided in the client's spoken language
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

Staff Printed Name & Signature

Date

Witness Name & Signature

Date