

## Privacy Statement

You may print this notice for your records or request a copy via E-Mail. State on the message that you wish to receive a Privacy Statement

### For your Protection

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### Private Application Information

If you are applying for Government programs that provide money or services, i.e. Medicaid, you need to give them personal information about you. The law says that:

1. They must keep your health information from others who do not need to know it.
2. You can tell them if there is some health information you do not want them to share. In some cases, they may not be able to agree to your request.

### *Who sees and share my medical information?*

Your private medical information may be used by healthcare providers who take care of you. This may cover healthcare you had before now, or may have later on. We may use your information to contact you about appointment reminders or to tell you about treatment alternatives. We only share information about you that is needed at that time by that provider or agency to do their job.

### *How is payment made?*

Your healthcare providers send a bill to an insurance company or to a government program to get paid. This bill has all the information about what services you had. Claims (bills) are reviewed to make sure that you get the quality health care every person deserves, and that all laws about medical care are being met.

### *May I see my medical information?*

You are allowed to see your medical information unless it is the private notes taken by a mental health provider, is part of a legal case, or if your healthcare provider decides it would be harmful for you to see the information. Most of the time you can receive a copy if you ask. You may be charged a small amount for the copying cost. If you think some of the information is wrong, you may ask in writing that it be changed or new information be added. You may ask that the changes be sent to others who have received your health information from us. You can get a list of where your medical information has been sent, unless it was sent as part of your provider's care, to be sure that you received quality care, or to make sure the laws are being followed.

*What if my medical information needs to go somewhere else?*

You will be asked to sign a separate form, called an authorization form, allowing your medical information to be send somewhere else. This would be used if your healthcare providers needs to send it to another place or if you want to send it to another person or healthcare providers for you. The form tells us what, where and to whom this information must be sent. Your authorization is good for 6 months or until the date you put on the form (no more than one year). You can cancel or limit the amount of information sent at any time by letting us know in writing. You may be charged a small amount for copying cost.

Note: if you are less than 18 years old, you parents or guardian will receive your medical information, unless, by law, you are able to consent for your own healthcare. If you are, then it will not be share with them unless you sign an authorization to do so.

*Could my medical information be released without my authorization?*

We follow laws that tell us when we have to share medical information, even if you do not sign an authorization form. We always report.

1. contagious diseases;
2. reactions and problems with medicines;
3. to the police when required by law or when the court order us to do;
4. to the government to review how our programs are working;
5. to a providers or insurance company who needs to know if you are enrolled in one of our programs;
6. to Worker's Compensation for work relate injuries;
7. birth, death and immunization information;
8. to the federal government when they are investigating something important to protect our country, the President and other government workers.

*May I have a Copy of this Notice?*

This notice is yours. If anything changes, you will get a new one. if you have questions about this notice, please ask the person who gave or sent it to you. If the person cannot answer your questions, call our Privacy Official at 305-591-9975 ext 25.

You can also complain to the federal government Secretary of Health and Human Services by writing to 200 Independence Ave. SW, Washington, DC 20201. This needs to be done within 180 days of when the problem happened. you can also complaint to the Office for Civil Rights by calling 866-627-7748.

Your care will not be affected by a complaint made to our Privacy Official or to the Secretary of Health and Human Services.

NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH INFORMATION

I have been given a copy of this notice and have had a chance to ask questions about how my personal health information will be used. I know that I can contact the Privacy Official at 305-591-9975 if I have further concerns.

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Signature

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Date