



NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. We have a legal duty to safeguard your protected health information (PHI).

We are legally required to protect the privacy of your health information. We call this information “protected health information”, or “PHI” for short. It includes information that identifies you and that has been created or received by us about (1) your past, present, or future health or condition(s); (2) the provision of health care to you; or (3) the payment for this health care.

We are providing you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policy at any time. Any changes will apply to the PHI we already have. If we make an important change to our policies, we will promptly change this notice, post a new notice in the main lobby area of the program, and have copies available for distribution.

You can request a copy of this notice from the contact person listed in Section V below at any time and can view a copy of the notice on our Web site at <http://www.eckerd.org>.

Note to parents/guardians: If you reading this notice as your child’s personal representative, this notices describes our privacy practices with respect to your child. Please let us know if you have any questions.

II. How we may use and disclose your PHI.

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your specific authorization, while for others, we do not. Below, we describe the different categories of our uses and disclosures.

A. We may use and disclose PHI for the following reasons without a written authorization.

1. For treatment, payment, or health care operations.

- a. **For treatment.** We may disclose your PHI to physicians, nurses, mental health professionals, and other health care personnel who provide you with health care services or are involved in your care. For example, we may disclose your PHI to your primary care physician for treatment purposes.
- b. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and service provided to you. For example, if a service we provide is billable to a third party insurance company or to Medicaid, we may submit the information to them that is necessary for payment.
- c. **For health care operations.** We may disclose your PHI in order to operate our program. For example, we use your PHI to evaluate the quality of the health care services you received.

2. When a disclosure is required by law. For example, we are required to make disclosures about victims of abuse, neglect, or domestic violence to the appropriate agency.

3. For public health activities. For example, we are required to report information pertaining to certain diseases to local health authorities.

4. For health oversight activities. For example, we will provide the necessary information to assist a government agency conducting an investigation or inspection of our health care activities.

5. **For judicial and administrative proceedings or for certain law enforcement purposes.** For example, we may provide PHI in response to an order of the court, or we may provide limited PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
 6. **For research purposes.** For example, in certain circumstances, we may provide PHI in order to conduct research.
 7. **To avert a serious threat to health or safety.** For example, we may disclose PHI if in good faith we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
 8. **For specific government purposes.** For example, we may disclose PHI if we believe it is a matter of national security.
 9. **For fundraising activities.** For example, we may mail information about various fundraising activities or events to you. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed in Section V below.
- B. Other uses and disclosures of your PHI not listed above, and permitted by the laws that apply us, will be made only with your written authorization. If you choose to sign an authorization to disclose your PHI, you may revoke (i.e., take back) it in writing at any time, except to the extent that we have already taken action based on the original authorization.

III. You have the following rights with respect to your PHI:

- A. The right to request limits on uses and disclosures of your PHI. We are not required, however, to agree or comply with your request. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's privacy officer (see contact information in Section VI). Please detail your request with any specific instructions on how to limit disclosures of your PHI.
- B. The right to choose how we send PHI to you. You have the right to ask that we send information to you to an alternate address (e.g., your work address rather than your home address) or by alternate means (e.g., email instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's privacy officer (see contact information in Section VI). Please detail your request with any specific instructions on how to send the information to you.
- C. The right to see your PHI. In most cases you also have the right to look at or get copies of your PHI that we have, but your request must be made in writing. If we don't have your PHI, but know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain cases, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that in advance. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's privacy officer (see contact information in Section VI). Please detail your request with any specific preferences.
- D. The right to receive an electronic copy of electronic records. If we maintain PHI in an electronic format, you have the right to request this PHI be sent to you or another entity in electronic format. If we are not able to send in electronic format, we will comply with the request by producing a hard copy of the requested PHI. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's privacy officer (see contact information in Section VI). Please detail your request with any further requests.
- E. The right to correct or update your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing, you have the right to request that we correct the

existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your PHI, tell you that we have done so, and tell others that need to know about the change. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement. If you don't file a written statement of disagreement, you may alternatively ask that your original request and our denial be attached to all future disclosures of your PHI. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's privacy officer (see contact information in Section VI). Please detail your request with any specific edits or updates.

- F. The right to receive notification if and when your PHI is breached. A breach is when there is an unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of this information.
- G. The right to get a list of the disclosures we have made. You have the right to get a list of those instances in which we have disclosed your PHI. The list will not include uses or disclosures made to you; those related to treatment, payment, or health care operations; those that were authorized by you; those made for national security purposes; or in certain circumstances, those made to correctional institutions or for other law enforcement custodial situations. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's privacy officer (see contact information in Section VI).

All request must be made in writing and you must specify the time period for which you want to receive a list of disclosures. This time period may not be longer than six years and may not include dates prior to April 14, 2003. We will respond within 60 days of receiving your request. The list we will give you will include the date of the disclosure, to whom the PHI was disclosed (including the address if known), a brief description of the PHI disclosed, and a brief statement of the reason for the disclosure.

- H. The right to get this notice by email. You have the right to get a copy of this notice by email. Even if you have agreed to receive the notice via email, you also have the right to request a paper copy of this notice.

IV. How to express concerns about our privacy practices.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

V. The person to contact for information about this notice.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Keith Gauthier, Director of Risk Management & Privacy, who can be reached at (800) 222-1473, via email at kgauthier@eckerd.org or by traditional mail at 100 N. Starcrest Dr., Clearwater, FL 33758.

VI. Eckerd Kids' Organization Privacy Officer

Eckerd Kids' Organizational Privacy Officer is currently Keith Gauthier. His contact info is:

Phone: (800) 222-1473

Email: kgauthier@eckerd.org

Mailing Address: 100 N. Starcrest Dr., Clearwater, FL 33758.

VII. Effective date of this notice

This notice is effective as of April 14, 2003. It was last updated October, 2013.

Acknowledgment of Receipt of Privacy Practices

I hereby acknowledge the receipt of Eckerd's Notice of Privacy Practices ("NPP"). The NPP has been explained to me and I fully understand its content.

Client Signature

Date

Parent/Guardian Signature

Date