

This notice describes how protected 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 access and disclose your PHI. In all instances, we will use or disclose the minimally necessary PHI as a safeguard.

We are legally required to follow the privacy practices that are described in this notice. In the event any revisions are made, those changes will apply to the PHI already contained in our records. If we make a significant 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 <https://eckerd.org/privacy-policy/>.

Note: If you are reading this notice as your child’s personal representative, this notice describes our privacy practices with respect to your child. If the type of service you/your child is enrolled in with our organization works with the multiple members or whole family, this notice is applicable to all individuals considered clients of Eckerd Connects. Please let us know if you have any questions.

II. How we may use and disclose your PHI.

We access 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 access and disclose PHI for the following reasons without a written authorization. For all access and disclosures of PHI, Eckerd Connects staff will follow HIPAA Privacy Rule.

1. For treatment, payment, or health care operations

- a. **For treatment.** There are instances where we may disclose your PHI to health care professionals who provide you with services or are involved in your care.
- 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.

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. **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.
7. **For specific government purposes.** For example, we may disclose PHI if we believe it is a matter of national security.
8. **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 to Eckerd Connects, 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. 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. Eckerd Connects will review your request and resulting actions will align with applicable law(s).
- 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. You have the right to request to review or get copies of your PHI we have, those requests must be made in writing. If we do not have your PHI, but know who does, we will refer you to the point of contact. 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

provide an update to designees in need of this. 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 that 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 requests 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 from date of request of the accounting. 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. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

- 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.
- I. The right to ask questions and request additional information related to gaining further understanding of this policy. Your questions can be directly answered by contacting the program you/your child is enrolled in or by contacting Eckerd Connects' Privacy Officer at the contact information listed in Section VI.

Note: With regard to references of written communication in Section III, should a client/caregiver need accommodation to complete, the party shall contact the Privacy Officer for alternative method for submission.

IV. How to express concerns about our privacy practices.

If you think Eckerd Connects or an employee of Eckerd Connects may have violated your privacy rights, or you disagree with a decision 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. Eckerd Connects 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 Martin Peters, General Counsel, who can be reached at (727) 461- 2990, via email at mpeters@eckerd.org or by traditional mail at 100 Starcrest Drive, Clearwater, FL 33765.

VI. Eckerd Connects' Organization Privacy Officer

Eckerd Connects' Organizational Privacy Officer is currently Martin Peters. His contact info is:

Phone: (727) 461-2990

Email: mpeters@eckerd.org

Mailing Address: 100 Starcrest Drive, Clearwater, FL 33765

VII. Effective date of this notice

This notice is effective as of March 29, 2024.



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

My signature below acknowledges:

- Eckerd Connects' Notice of Privacy Practices explained to me;
- I was given the opportunity to ask questions to ensure understanding of its content to my satisfaction; AND
- I received a copy of the document.

Client: _____
(Signature) (Print) (Date)

Parent/Guardian: _____
(Signature) (Print) (Date)