



NOTICE of PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AT 954-777-1612.

OUR LEGAL RESPONSIBILITY TO PROTECT YOUR MEDICAL INFORMATION

This Notice of Privacy Practices describes how Henderson Behavioral Health, may use and/or disclose your protected health information to provide treatment, payment, health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" (PHI), is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Furthermore, Henderson Behavioral Health will not use or disclose your health information without your consent or authorization, except as described in this notice.

Henderson Behavioral Health is required to abide by the terms of this Notice of Privacy Practices. Henderson Behavioral Health reserves the right to change the terms of this Notice at any time. The new notice will be effective for all protected health information that is maintained at that time. The revised Notice be posted in our offices, available at your next visit, and on our website at: www.hendersonbh.org.

USES and/or DISCLOSURES of PROTECTED HEALTH INFORMATION

Without Your Authorization Treatment:

Henderson Behavioral Health may use and/or disclose your protected health information to provide, coordinate, or manage your mental health care and any related services. For example, this could include communication of your protected health information to: other physicians who are treating you, or to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you.

In addition, Henderson Behavioral Health may disclose your protected health information from time-to-time to health care providers (e.g., a specialist or laboratory), who at the request of your Henderson Behavioral Health service provider, becomes involved in your care by providing assistance with your mental health care diagnosis or treatment to your physician.

Payment:

Your protected health information may be used, as needed, to obtain payment for mental health care provided to you by HBH. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we have recommended for you. This might be: determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Henderson Behavioral Health may also share portions of your medical information with the following: billing departments, collection departments or agencies, insurance companies, health plans, hospital departments and consumer reporting agencies (e.g., credit bureaus). For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations:

Henderson Behavioral Health may use or disclose, as needed, your protected health information in order to support its operational activities. These activities include, but are not limited to: quality assessment, employee review, training of student interns, licensing, resolving grievances within our organization, marketing, fundraising, and conducting or arranging for other business activities.

For example, Henderson Behavioral Health may use a sign-in sheet at the receptionist's desk. Your name may also be called in the waiting room when your psychiatrist is ready to see you. Henderson Behavioral Health may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, such as calling you or sending you a postcard.

Henderson Behavioral Health may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for our operation. Whenever an arrangement between our



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organization and a business associate involves the use or disclosure of your protected health information, Henderson Behavioral Health will have a written contract that contains terms that will protect the privacy of your protected health information.

Henderson Behavioral Health may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other mental health-related benefits and services that may be of interest to you.

Henderson Behavioral Health may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our organization and the services we offer. Henderson Behavioral Health may also send you information about products or services that we believe may be beneficial to you.

Henderson Behavioral Health may use or disclose your demographic information and the dates that you received treatment from us, as necessary, in order to contact you for fundraising activities supported by Henderson Behavioral Health's Development Office.

Other Uses and/or Disclosures of Protected Health Information Permitted Without Your Consent:

Henderson Behavioral Health may use and disclose Protected Health Information about you for a number of circumstances for which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. These circumstances could include:

As required by law: Required by federal, state, local law, or other judicial or administrative proceeding.

Public health: Public health activities and purposes to a public health authority that is permitted by law to collect or receive information. The disclosure will be made for the purpose of controlling disease, injury or disability. It may also be disclosed if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: If authorized by law to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: For activities authorized by law, such as audits, investigations, and inspections. Entities seeking this information include: government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: If disclosure relates to victims of abuse, neglect or domestic violence.

Food and Drug Administration: To report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post market surveillance, as required.

Legal Proceedings: In response to a Court Order or Administrative Tribunal.

Law Enforcement: In order to comply with laws requiring the reporting of certain types of wounds or other physical injuries; Coroners, Funeral Directors, Organ Donation: For identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law It may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers Compensation: To comply with state workers compensation laws and other similar legally established programs.



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Specialized Government Functions: If related to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

Correctional Institutions: If it relates to correctional institutions and in other law enforcement custodial situations where they have lawful custody of you.

Permitted and Required Uses and/or Disclosures To Which You May Object:

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your Henderson Behavioral Health service provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your mental health care will be disclosed.

Unless you object in writing, to a member of your family, a relative, a close friend or other identified person, your PHI that directly relates to that person's involvement in your mental health care, also to notify or assist in notifying a designated person responsible for your care, of your location, general condition or death.

To assist in disaster relief efforts, such as the American Red Cross. In the event of an emergency.

To contact you to provide appointment reminders.

To manage or coordinate your mental health care by contacting you with information about treatment, services, products or health care providers.

To contact you for fundraising activities.

ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, your written authorization is needed before your PHI is used or disclosed. If you sign a written authorization allowing the disclosure of your PHI in a specific situation, you can later revoke your authorization in writing. If you revoke your authorization in writing, your PHI will not be disclosed after receiving your revocation, except for disclosures which were made before your revocation was received.

YOUR RIGHTS

You have the right to request restrictions of the uses and disclosures of our protected health information.

You have the right to request a restriction on the use and disclosure of your PHI. Henderson Behavioral Health is not required by federal regulation to agree to your request. Even if Henderson Behavioral Health agrees with your request, your restrictions may not be followed in certain situations, as described in the section of this Notice entitled, "Other Uses and Disclosures of Protected Health Information Permitted Without Your Consent". To make a restriction, you must make your request in writing.

You have the right to request to receive confidential communication from Henderson Behavioral Health by alternative means, or at an alternative location.

Henderson Behavioral Health will accommodate reasonable requests made by you in writing. Henderson Behavioral Health may condition this accommodation by asking you for information as to how payment will be handled, or specification of an alternative address, or other method of contact.

You have the right to inspect and receive a Copy your protected health information.

You have the right to request to inspect and receive a copy of PHI used to make decisions about you, for as long as the medical record is maintained by Henderson Behavioral Health. Your request must be made in writing. You may be charged related fees. Instead of providing you with a full copy of the PHI, you may be given a summary or explanation of this information, if you agree in advance to the form and cost of the summary or explanation. There are certain circumstances in which Henderson Behavioral Health is not required to comply with your request. Depending on the circumstances, you may have the right to have this decision reviewed.

You have the right to request amendment of your Protected Health Information.

You have the right to request that amendments are made to your PHI, as long as Henderson Behavioral Health maintains the record. Your request must be in writing, and must explain your reasons for the amendment.

If your request for amendment is denied, you have the right file a statement of disagreement with Henderson Behavioral Health, and Henderson Behavioral Health may prepare a rebuttal to your statement, and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of disclosures made by Henderson Behavioral Health of your Protected Health Information.

You have the right to receive a written list of certain disclosures of your PHI. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice.

You have the right to request a paper copy of this Notice at any time, even if you have agreed to accept this notice electronically. You may ask for a paper copy or you may obtain a copy at our website at www.hendersonbh.org

COMPLAINTS

If you think your privacy rights have been violated by Henderson Behavioral Health, or you want to complain to us about our privacy practices, you may contact our Privacy Officer:

Henderson Behavioral Health
4740 N. State Road 7, Suite 201
Fort Lauderdale, FL 33319

Complaints not resolved by the complaint process shall be determined by binding arbitration in Broward County, Florida, with each party to pay its own attorneys' fees and costs.

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.