



Health & Human Services Notice of Privacy Practices

Effective Date: April 2003 | Revised: March 2025

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

OUR RESPONSIBILITIES UNDER HIPAA

In the course of providing health care, we generate, collect and share health-related information pertaining to our clients. Traditionally that information was kept confidential by ethical traditions and a patchwork of regulations that vary by state. Effective April 14, 2003, we have certain responsibilities regarding that information due to the Congressional enactment of **HIPAA, the Health Insurance Portability and Accountability Act**. Most state regulations, which afford you greater privileges or additional rights than those prescribed by HIPAA, still remain in effect (see last page).

HIPAA regulations set uniform standards for anyone receiving, handling, and safeguarding a person's individually *identifiable health information* regardless of when it was created or received. Under HIPAA, all information in your physical and psychiatric records along with associated billing or payments plus other related demographic data, which can be traced back to you as an individual, is considered **PHI Protected Health Information**

Just as we need to inform you of the benefits and risks of a medical procedure and get your written consent for treatment, *HIPAA requires Pridelines Youth Services, Inc., hereafter referred to as Pridelines, to provide you with a written Notice of Privacy Practices, hereafter referred to as NOTICE, and then ask for your written acknowledgement of your receiving this NOTICE before we can use or disclose you PHI in the course of treating you (except in cases of a medical emergency).*

This NOTICE must explain to you, how we use and disclose medical information about you, and inform you of your rights to access and control that information.

On the following pages, this NOTICE explains our current policies effective on the date shown above. We are bound to the provisions of this NOTICE until they are revised and republished. We will always display the most current NOTICE in the client areas of our office and have available current paper copies. It will also be included on all public web sites that we may maintain. We reserve the right to revise these policies at any time, as the law requires or permits and the right to apply those changes to any PHI gathered prior to the policy changes.

HIPAA gives you specific rights of control and access to your PHI. Our responsibilities include assigning a privacy administrator to assist you with your rights under HIPAA. At any time, you may contact the administrator to request access to your medical records, give written instructions about your PHI, obtain the current version of this NOTICE, file a complaint or ask questions about privacy issues that you may have. Contact information is on the last page.

SUMMARY

The Notice of Privacy Practices explains:

- Generally, how we use health care information about you.
- That we, like other health care providers, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations—we are not required to have separate permission for these uses and disclosures.
- Other circumstances where we may use or disclose information about your health where we are not required to get your permission first.
- The rights you have with respect to health information we have about you, namely, your rights to:
 - Receive a copy of this privacy notice.
 - Review and copy health information that we may have about you.
 - Receive an accounting for how we use and disclose your health information, other than for treatment, payment, or health care operations.
 - Request that we communicate with you at alternative locations, mailing addresses or telephone numbers.
 - Request restrictions on how we use your health care information.
 - Request an amendment to information in our records that you think is in error.
 - Receive written notification if there is a breach of your health care information.
 - File a complaint if you think your privacy rights have been violated.

At Pridelines, we take your privacy very seriously. We encourage you to read this notice and keep a copy of this notice for your records.

RESPONSIBILITIES OF PRIDELINES YOUTH SERVICES, INC.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pridelines must take steps to protect the privacy of your PHI (“protected health information”). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

Under federal law, we are required to:

- Protect the privacy of your PHI. All our staff members are required to maintain the confidentiality of PHI and receive appropriate privacy training.
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI.
- Follow the practices and procedures set forth in the Notice.

Uses and disclosures of your protected health information by Pridelines that do NOT require your authorization

Pridelines uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your PHI without your authorization are listed below. Use and disclosure of some information (such as, but

not limited to, certain drug and alcohol information, HIV information, mental health information, and genetic information) are entitled to special restrictions. Pridelines abides by all applicable state and federal laws related to the protection of such information.

We may use or disclose your protected health information without your authorization as follows in relation to your health care and treatment:

- To our physicians, nurses, and others involved in your health care.
- To our different departments to coordinate such activities as prescriptions and lab work.
- To other health care providers treating you who are not on our staff, such as dentists, emergency room staff, and specialists. For example, if you are being treated for an injured knee, we may share your PHI with your primary physician, your knee specialist, and your physical therapist so they can provide proper care.

We may use or disclose your protected health information without your authorization as follows in relation to payment:

- To bill your health insurance company for health care we provide you.
- To other organizations and providers for payment activities unless disclosure is prohibited by law.

We may use or disclose your protected health information without your authorization as follows in relation to health care operations:

- To administer and support our business activities or those of other health care organizations (as allowed by law) including providers and plans. For example, we may use your PHI to review and improve the care you receive and to provide training.
- To other individuals (such as consultants and attorneys) and organizations that help us with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:

- **Required by law**—When we are required to do so by state and federal law, including workers' compensation laws.
- **Public health and safety**—To an authorized public health authority or individual to:
 - Protect public health and safety.
 - Prevent or control disease, injury, or disability.
 - Report vital statistics, such as births or deaths.
 - Investigate or track problems with prescription drugs and medical devices under the federal Food and Drug Administration (FDA).
- **Abuse or neglect**—To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
- **Oversight agencies**—To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.

- **Legal proceedings**—In the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- **Law enforcement**—To law enforcement officials in limited circumstances for law enforcement purposes. For example, disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- **Military activity and national security**—To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the President of the United States.

We may also use or disclose your protected health information without your authorization in the following miscellaneous circumstances:

- **Family and friends**—To a member of your family, a relative, a close friend—or any other person you identify who is directly involved in your health care—when you are either not present or unable to make a health care decision for yourself and we determine that disclosure is in your best interest. For example, we may disclose certain PHI to a friend who brings you into an emergency room.
- **Appointment reminders**—To you to remind you, in writing or by phone/voicemail, that you have a health care appointment with us. These reminders may be made by postcard, phone, or voicemail unless you specifically ask us to communicate with you through a different method as described later in this Notice. **Treatment alternatives and plan description**—To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you.
- **Fundraising**—To contact you for Center fundraising purposes. (We would only release information such as your name, address, phone number, and dates that you received treatment or service from us.) You will be given the opportunity to instruct us to not contact you for this purpose.
- **Research**—For Pridelines' or another organization's research purposes provided that certain steps are taken to protect your privacy. Note: Generally, in these cases a research review board will review the research project to ensure adequate privacy protections before Pridelines uses or discloses your PHI.
- **De-identify information**—To "de-identify" information by removing information from your PHI that could be used to individually identify you.
- **Disaster relief**—To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- **Threat to health or safety**—To avoid a serious threat to the health or safety of yourself and others.
- **Correctional facilities**—If you are an inmate in a correctional facility, we may disclose your PHI to the correctional facility for certain purposes, such as providing health care to you or protecting your health and safety or that of others.
- **Business associates**—For third parties and their subcontractors who create, receive, maintain, or transmit PHI for providing services or functions that are essential to our business. Our business associates and their subcontractors are required, under contract with us, to

protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. Our business associates and their subcontractors also are directly subject to federal privacy laws. Data breach notification purposes—We may use your contact information to provide legally required notices of unauthorized acquisition, access, or disclosure of your information.

Uses and disclosures of your protected health information by Pridelines will be made only with your written authorization:

- For marketing purposes.
- For purposes that constitute the sale of PHI.
- For situations other than those listed in the sections above.

If you sign an authorization, you may revoke it at any time in writing, although this will not affect information disclosed before you revoked the authorization.

Disclosures and Uses of PHI With Your Written Permission

We will not use or disclose your PHI for any purpose not previously referenced in this notice without first obtaining your written authorization.

When we need your permission, you may grant it by signing an authorization form. You may later revoke it in writing, except to the extent an action, use or disclosure was already performed as a result of your prior authorization. We have appropriate forms available for these uses.

YOUR RIGHTS AS OUR PATIENT

1. Access to Your Health Information:

You have the right to inspect and obtain copies of your PHI that may be used to make decisions related to our care of you, generally within 30 days, unless state law differs. Under Federal Law this does not include psychotherapy notes or information about your PHI compiled for litigation.

As part of your access right, you have the right to authorize and later revoke in writing the use or disclosure of your PHI to anyone for any purpose with limited exceptions. See the above section entitled, *Uses and Disclosures of PHI with Your Permission*.

To gain access to your PHI, which we use to make decisions about your care, you must make a written request, directed to the PHI Privacy Administrator, whose address is provided at the end of this section. For your convenience we have forms available for these purposes. We will prepare a summarization of your PHI, per request, for a fee. If you request copies, we will charge you duplication costs (see last page) and postage for mailing, as allowed under the law.

We may deny your request to access and disclose in certain very limited circumstances, such as, when disclosure would reasonable endanger you or another person, or you are in the middle of a medical research study. If you are denied access, you may request that the denial be reviewed.

2. Confidential Communication:

You have the right to request that we communicate with you about your PHI by reasonable alternative means or to a reasonable alternative location (except in emergencies).

We will accommodate your written request to the PHI Privacy Administrator as long as it provides reasonable alternative means of contact and continues to permit us to bill and collect payment from you. We have forms available for this purpose.

3. Restriction Requests:

You have the right to request a restriction of limitation on your PHI that we use or disclose for your treatment, obtaining payment or conducting health care operations. You also have the right to request a limit on the information that we disclose about your health to someone who is involved in your care or the payment of your care, such as a friend or family member. For example, you could ask that we not disclose information about a surgery that you had. Your request must be made in writing and 1) state what information is to be limited, 2) to whom the restriction applies and 3) if the restrictions apply to use, disclosure or both.

We are not required to agree to these additional restrictions, but if we do, we will comply with your request except in cases of emergency. Any agreement we may make to your request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is memorialized in writing.

4. Right to Request Amendment to Your PHI:

If you believe that we have incorrect or incomplete PHI about you, you may ask that we amend your PHI. We have special forms available for this purpose. Your request must be submitted in writing to our PHI Privacy Administrator and provide a reason why the information should be amended. Should you fail to do so, your request may be denied.

If we believe that the PHI is already accurate and complete, we will deny your request. We will likely deny requests for amendment to any PHI, which was not created by us (unless you provide reasonable evidence that the person or entity that created the information is no longer available to make the amendment). We cannot grant requests to amend your PHI, which is not kept by the practice or which is not a part of the PHI that you are permitted to request.

If your request for the amendment to PHI is denied, we will provide you our written explanation. If you wish, you have the right to respond with a Statement of Disagreement, on a form that we will provide. It will be appended to the PHI that you want amended, along with any rebuttal that we choose to send to you. They will be disclosed together on all future disclosures.

If we accept your request to amend the PHI, we will make reasonable effort to inform those that you named on your request. At your instruction, we will reasonably send the amendment to others that received the information before it was changed. The amended PHI will be included on all future disclosures if you instruct us to do so.

5. Accounting of Disclosures:

You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, health care operations and certain other activities after April 14, 2003 or a date six years before the date of request, whichever is later. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a list in a 12-month period is free and for responding to each

additional request we may charge you a reasonable, cost-based fee. Contact your PHI Privacy Administrator for a full schedule of charges.

For more information, policy clarification or if you have complaints such as you believe that your privacy rights may have been violated, you should Pridelines Youth Services, Inc. directly. You also have the right to submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. Upon request we will provide you with the appropriate address to file your complaint. We will not retaliate against you if you choose to file any complaint.

ADDITIONAL OR SUPERCEDING RIGHTS FOR: FLORIDA

Under Florida State Law, you have these additional rights and restrictions:

6. Use and Disclosure of Certain Types of Medical Information.

For certain types of medical information we may be required to protect your privacy in ways more strict than we have discussed in this notice. We must abide by the following rules for our use or disclosure of certain types of your medical information or purposes of use or disclosure of your medical information:

7. Disclosure of Medical Information for Treatment, Payment and Health Care Operations.

In order to disclose your medical information in the ways discussed above for treatment, payment and health care operations without specific authorization, we must obtain your general written permission.

8. Alcohol and Drug Abuse Information.

We may not disclose your medical information that contains alcohol and drug abuse information except to you, your personal representative or pursuant to an authorization or as may otherwise be allowed by law.

With respect to minors, written consent for disclosure may be given only by the minor patient because the minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment. This restriction on disclosure applies to releasing PHI to the parent or guardian for the purposes of obtaining financial reimbursement.

9. Access to Mental Health Records

If you, as a patient, request psychiatric, psychological or psychotherapeutic records, and we have such records, we may provide a report of our examinations and treatment instead of copies of the records. Upon your written request, we must provide complete copies of your psychiatric records to a subsequent treating psychiatrist.

Forms are available to help you process in writing any of the above requests.

- You can get a form from our clinic front desk.
- You can call **305-571-9601** and ask that a form be mailed to you.
- You can print them from <https://pridelines.org>

All written requests (completed forms) may be submitted to Health, Housing and Human Services by:

- Dropping off written requests at our clinic front desk.
- Mailing written requests to the Pridelines – Health, Housing & Human Services, c/o Privacy Official, 5525 NW 7th Ave, Miami, FL 33127

CHANGES TO PRIVACY PRACTICES

Pridelines may change the terms of this Notice at any time. The revised Notice would apply to all PHI that we maintain. If we change any of the practices described in this Notice, we will post the revised Notice on our web site <https://pridelines.org>

QUESTIONS AND COMPLAINTS

If you have any questions about this Notice, please contact the Privacy Officer at 305-571-9601 or via email at health@pridelines.org. If you believe that we have violated your privacy rights or disagree with a decision we made about access to your PHI, you may file a written complaint with PridelinesHealth, Privacy Office, 5525 NW 7th Ave, Miami, FL 33127. For more information on how to file a written complaint, please call the Privacy Officer at 305-571-9601. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint regarding our privacy practices.

First Name _____ Last Name _____

Date of Birth _____

Client’s Acknowledgement of Receiving Notice of Privacy Practices

I, _____, acknowledge that I was provided my personal copy of the Notice of Privacy Practices to read and keep as my own.

SIGNATURE _____ **DATE** _____