



Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 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.

WHO WILL FOLLOW THIS NOTICE

Florida International University Center for Children and Families (hereafter referred to as CCF) may only use your health information for treatment, and health care operations as described in the notice. All of the employees/staff, including: counseling and psychological services, psychiatry and other personnel of CCF follow these privacy practices.

ABOUT THIS NOTICE

This notice will tell you about the ways we may disclose health information about you and will also describe your rights and certain obligations that we have regarding the use and disclosure of your health information. We are required by law to: make sure that health information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to your health information; and follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

CCF may use or disclose your protected health information (PHI), for treatment and health care operations purposes with your consent. To help clarify these terms, here are some definitions: "PHI" refers to information in your health record that could identify you. "Treatment, Payment and Health Care Operations" refers to the following:

- Treatment is provision, coordination, or management of your health care and other services related to your health care. An example of treatment would be a consultation with another health care provider, such as your family physician or another psychologist.
- Health Care Operations are activities that relate to performance and operations of the CCF. Examples of health care operations are quality assessment and improvement activities, business related matters such as administrative services, case management and care coordination.
- "Use" applies only to activities within CCF such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of CCF such as releasing, transferring, or providing access to information about you to other parties.



USES AND DISCLOSURES REQUIRES AUTHORIZATION

CCF may use or disclose PHI for purposes outside of treatment and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when CCF is asked for information for purposes outside of treatment and health care operations, an authorization will be obtained from you before releasing this information. Authorization will also be obtained before releasing your psychotherapy notes. "Psychotherapy notes" are notes about conversations with your clinician during a private, group, joint, or family therapy session, which are separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization.

USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

CCF may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If there is reasonable cause to believe that a child has been subject to abuse, CCF must report this immediately to the authorities.
- **Domestic Abuse:** If there is reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, CCF must report the information to the county adult protective services provider.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that CCF has provided to you and/or the records thereof, such information is privileged under state law, and CCF must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. CCF must inform you in advance if this is the case. If the Florida Board of Psychological Examiners issues a subpoena, CCF may be compelled to testify before the Board and produce your relevant records and papers.
- **Serious Threat to Health or Safety:** If you communicate to CCF a threat of imminent serious physical violence against a readily identifiable victim or yourself and CCF believes you intend to carry out that threat, CCF must take steps to warn and protect. CCF must also take such steps if there is a belief that you intend to carry out such violence, even if you have not made a specific verbal threat. The steps CCF will take to warn and protect may include arranging for you to be evaluated for admission to a psychiatric unit of a



hospital or other health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under 18, and warning your parents if you are under 18.

PATIENT'S RIGHTS

- Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of your PHI. However, CCF is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a clinician at CCF. Upon your request, correspondence will be sent to another address.)
- Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health record used to make decisions about you for as long as the PHI is maintained in record. Your access to PHI may be denied under certain circumstances, but in some cases, you may have the decision reviewed. On your request, CCF will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, CCF will discuss with you the details of the amendment process.
- Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your request, CCF will discuss with you the details of the accounting process.
- Right to a Paper Copy - You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

SALE OF YOUR HEALTH INFORMATION

The sale of your health information without authorization is prohibited. Under Federal law, certain uses and disclosures are not considered a sale of your information, including, but not limited to, disclosures for treatment, payment, for public health purposes, for the sale of part or all of the entity, to any Business Associate for services rendered on our behalf, and as otherwise permitted or required by law. In addition, the disclosure of your health information for research purposes or for any other disclosure permitted by law will not be considered a prohibited disclosure if the only reimbursement received is a "reasonable, cost-based fee" to cover the cost to prepare and transmit your health information and as may otherwise be permitted under Federal and State law. If an authorization is obtained from you to disclose your health information in connection with a sale of your health information, the authorization must state



that the disclosure will result in remuneration (meaning that the entity will receive payment for disclosure of your health information and any other requirements of law).

MARKETING

We will, in accordance with Federal law, obtain your written authorization to use or disclose your health information for marketing purposes including all treatment and health care operations communications where we receive financial remuneration (meaning that the entity receives direct or indirect payment from a third party whose product or service is being marketed) unless such marketing is: (i) face to face marketing communications; (ii) promotional gifts of nominal value regardless of whether they are subsidized; (iii) "refill reminders", so as long as the remuneration for making such communications are "reasonably related to our costs" for making such communications; and (iii) any other activity that does not require an authorization under Federal and State law.

RESEARCH

We may, with your prior authorization and under certain circumstances, use and disclose your health information for research purposes. Even without prior approval, however, we may permit CCF-affiliated researchers to look at records in order to identify whether you may be eligible for a research project or other similar purpose. Notwithstanding anything contained in this Privacy Notice, we will not permit any CCF-affiliated researcher to remove or take a copy of any of your health information.

PSYCHOTHERAPY NOTES

We will, in accordance with Federal law, obtain your written authorization to release your psychotherapy notes, if any, that are contained in your health records. However, the entity may use or disclose your psychotherapy notes for the following: (i) to carry out the following treatment, payment, or health care operations: (A) use by the originator of the psychotherapy notes for treatment; (B) use or disclosure by the entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (C) use or disclosure by the entity to defend itself in a legal action or other proceeding brought by you; and (ii) a use or disclosure that is required by or permitted by Federal law.

OUT-OF-POCKET PAYMENTS

If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with



respect to that item or service not be disclosed to your health plan for purposes of payment or health care operations, and we will honor that request.

RIGHT TO RECEIVE NOTIFICATION OF A BREACH

We are required to notify you following discovery of a breach of your unsecured health information.

CLINICIANS' DUTIES

- CCF is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- CCF reserves the right to change the privacy practices described in this Notice. Unless you are notified of such change, however, CCF is required to abide by the terms currently in effect.
- All current clients will be notified if the current policies are revised.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the CCF HIPAA Security Officer, the Florida International University Ethical Panther line at 1-844-312-5358, or with the Secretary of the US Department of Health and Human Services. For questions or to file a complaint with the University Compliance Office, please use the address listed below. You will not be penalized for filing a complaint.

Florida International University, Center for Children & Families
Health Sciences Compliance and Privacy Officer
11200 SW 8th Street, PC 429
Miami, Florida 33199
Phone (305) 348-2267



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgement*

I, _____, have received a copy of this office's Notice of Privacy Practices.

Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

