



3311 Beach Boulevard  
Jacksonville, FL 32207  
Phone (904) 396-1462

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## Notice of Privacy Practices

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**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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or 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. The terms “you” and “your” in this notice refer to clients of New Heights of Northeast Florida, Inc. (“NHNEF”, “the agency”), and may apply to minor children, parents/guardians of minor children, and adult clients.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may either call the office and requesting that a revised copy be sent to you in by U.S. mail or e-mail, or by asking for one at the time of your next appointment.

### **1. Uses and Disclosures of Protected Health Information**

#### **Uses and Disclosures of Protected Health Information for Treatment, Payment, and Healthcare Operations**

NHNEF is dedicated to the protection of your health information, and will disclose information only as needed and within the limits of the law and/or your authorization. Other than for reasons expressed in this notice and in response to your authorization, we will not use and disclose your PHI except for treatment, payment and health care operations. Your PHI may be used and disclosed by authorized providers of this agency, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the agency.

Following are examples of some of the types of uses and disclosures of your PHI that the agency is permitted to make without your specific authorization.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party involved in your care. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you or your child.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your/your child's health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval durable medical equipment may require that your relevant protected health information be disclosed to the health plan to obtain approval.

**Healthcare Operations:** We may use or disclose your protected health information to support the organization's service and function activities. These activities include, for example, quality assessment activities, employee review activities, marketing, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your therapist. We may also call you or your child by name in the waiting room when the person with whom you have an appointment is ready to see you. We may use or disclose your protected health information, as minimally necessary, to contact you to remind you of your appointment.

We may share your protected health information with third party "business associates" that perform various activities (e.g., audit or legal services) for the agency. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We 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 agency and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the agency has already taken an action in reliance on the use or disclosure indicated in the authorization.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your/your child's care.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

There are numerous situations provided by the law in which we may use or disclose your protected health information without your consent or authorization. Not all the situations are expected to be applicable to our work at CPNEF and are not listed specifically here. Some situations that could be applicable include:

**Required By Law:** We may use, or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Communicable Diseases:** We may disclose your protected health information, according to state 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:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies 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:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information under law. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you personally and/or your personal representative, and also when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the law.

**Email and Text Communication:** I authorize the primary service provider to communicate via text and email the primary care givers and other service providers related to scheduling and appointments. This authorization will expire upon my notifying New Heights.

## **2. Your Rights**

Following is a summary of your rights regarding your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that the agency uses for making decisions about you/your child. Your request must be made in writing, signed by the client or his/her parent/guardian or personal representative. In accordance with Florida state law, you may be assessed a copying charge of \$1.00 for the first 26 pages and \$.25 (twenty-five cents) for each page after that. Payment will be requested prior to obtaining the records. Records will be provided to you within the time period required by law.

Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request the agency to amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. The request for amendment must be in writing and in a form that allows the agency to comply with the Privacy Rule. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a

statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The agency is not required to agree to a restriction that you may request. If the agency believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the agency does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by completing a form available to you from our office, either by U.S. mail, e-mail, or in person.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also 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. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. 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 from us,** upon request, even if you have agreed to accept this notice electronically.

### **3. Complaints**

You may complain to us if you believe we have violated your privacy rights. You may file a complaint with the Privacy Officer, whose contact information is at the top of this notice. Our Privacy Officer will make all reasonable efforts to resolve your complaint and mitigate any harm that may have been caused if there was a violation. Alternatively, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center Suite 3B70, 61 Forsyth Street SW, Atlanta GA 30303-8909. We will not retaliate against you for filing a complaint.

If you have any questions about this notice or our privacy practices, please contact our Privacy Officer, who is:

**Sue Driscoll**  
**President/CEO**  
**Phone (904) 396-1462**

This notice is effective as revised and published on March 6, 2020.