

**United Cerebral Palsy of Tampa Bay, Inc.
d/b/a Achieve Tampa Bay**

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.

PRIVACY NOTICE

Understanding Your Health Record Information

Each time you receive a clinical service, the service provider makes a record of your visit. Typically, this record contains your health history, diagnosis, details of the treatment/services you received and may include a plan for future care or treatment. This information, often known as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communications among the health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third party payer can verify you actually received the services billed for.
- Tool in clinical education.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of care and achieve better client outcomes.
- Understanding what is in your health records and how your health information is used helps you to:
- Ensure its accuracy and completeness.
- Understand who, what, where, why and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights Under the Federal Privacy Standard

Although your records are the physical property of the agency, you have the following rights:

- Request restriction on uses and disclosures of your health information for treatment, payment and healthcare operations. We do not have to agree to the restriction. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate by alternate means and if the request is reasonable we must grant the request.
- Obtain a copy of this Privacy Notice. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. In certain situations, such as if access would cause harm, we can deny access. If we deny access we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what you need to do to get access. We reserve the right to charge a reasonable, cost based fee for making copies.
- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - ▶ If we did not create the record, we cannot know if it is accurate. In such cases you must seek amendment / correction from the party who created the record. If the party amends or corrects the record, the corrected record will go in the file.
 - ▶ The records are not available to you as discussed immediately above.
 - ▶ The record is accurate and complete.
- If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records, (which we may rebut) and how you can complain.
- If we grant the request, we will make the correction and distribute it to those who need it and those whom you identify that you want to receive the corrected information.
- Obtain an accounting of non-routine uses and disclosures, other than for treatment, payment and healthcare operations. We must provide the accounting within 60 days. The first accounting in any 12 month period is free. Thereafter we reserve the right to charge a reasonable, cost-based fee.
- Revoke your consent or authorization to use or disclose health information except to the extent we have taken action in reliance on the consent or authorization.

Our Responsibilities Under the Federal Privacy Standard

In addition to providing you your rights, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies regarding them.
- Mitigate (lessen the harm) of any breach of privacy/confidentiality.
- We will not use or disclose your health information without your consent or authorization except as described in this notice or otherwise required by law.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS THAT YOU HAVE GIVEN US.

How to Get More Information or to Report a Problem

If you have questions and/or would like more information, you may contact: Heather Williamson, Privacy Officer at 813-239-1179.

Examples of Disclosures for Treatment, Payment and Healthcare Operations

- *If you give consent, we will use your health information for treatment.*
Example: A therapist or other member of AdvanceAbility Solution's clinical staff will record information in your record to document your current level of ability, the service that was provided and future plans for your care. We will also provide your physician, other healthcare professionals or a subsequent healthcare provider copies of your records to assist them in treating you once we are no longer treating you.
- *If you give consent, we will use your health information for payment*
Example: We may send a bill to you or other third party payer, such as a health insurer. The information accompanying the bill may include information that identifies you, your diagnosis and treatment received.
- *If you give consent, we will use your health information for health operations.*
Members of the clinical staff, the quality improvement manager or members of the peer review team may use information in your health record to assess the care and outcomes in your case and the competence of your clinical service providers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services that we provide.
- *If you give authorization, we may contact you for marketing or fund-raising purposes*
We may send you agency newsletters and other publications. We may contact you as part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.
- *Business Associates* We provide some services through contracts with business associates. When we use these services we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill your third party payer for services provided. To protect your health information we require the business associates to appropriately safeguard your information.
- *Notification* We may use or disclose information to notify or assist in notifying a family member, a personal representative or another person responsible for your care, your location and general condition.
- *Communication With Family* Unless you object, clinical service providers, using their best judgement, may disclose to a family member, another relative, a close personal friend or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care.
- *Research* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure privacy of your health information.
- *Workers Compensation* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- *Public Health* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- *Law Enforcement* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- *Health Oversight Agencies and Public Health Authorities* If a member of our workforce or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering the consumers we serve, they may disclose your health information to health oversight agencies and/or public health authorities.
- *The Federal Department of Health and Human Services (DHHS)* Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

Effective Date: April 14, 2003

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