



4408 NW 36 Ave
Gainesville, FL 32606
(352) 448-6062

PRIVACY POLICY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect immediately and will remain in effect until we replace it.

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

Florida Mind Health Center (“Florida Mind Health Center”) is committed to protecting the confidentiality of our patients’ medical information. This Notice describes how Florida Mind Health Center may use your medical information within Florida Mind Health Center, and how we may disclose it to others outside of Florida Mind Health Center. This Notice also describes your rights concerning your own medical information. Please review it carefully and let us know if you have questions.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Treatment: Florida Mind Health Center may use your medical information to provide you with medical services and supplies. Florida Mind Health Center may also disclose your medical information to others who need that information to treat you. This may include but is not limited to doctors, physician assistants, nurses and medical transportation providers, as well as others involved in your care, as deemed medically appropriate. For example – your physician will be allowed to have access to your Florida Mind Health Center medical record to assist in your follow-up care. Florida Mind Health Center may also use your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to advise you about health-related services available to you.

Family Members and Others Involved in Your Care:

Florida Mind Health Center may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. If you do not want Florida Mind Health Center to disclose your medical information to family members or others, please inform Florida Mind Health Center staff members assigned to your care. You may modify this list at any time.

Payment: Florida Mind Health Center may use and disclose your medical information to secure payment for the medical services and supplies provided to you. For example – your health plan or health insurance company may ask to see parts of your medical record before they will pay Florida Mind Health Center for your treatment.

Healthcare Operations: Florida Mind Health Center may use and disclose your medical information if it is necessary to improve the quality of care provided to patients or to run Florida Mind Health Center. Your medical information may be used to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example – Florida Mind Health Center staff members may look at your medical record to evaluate whether Florida Mind Health Center personnel, your doctors, or other health care professionals did a good job.

Research: Florida Mind Health Center may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law: Federal, state or local laws may require Florida Mind Health Center to disclose patients' medical information.

Public Health: Florida Mind Health Center may report certain medical information for public health purposes. Florida Mind Health Center also may need to report patient problems with medications or medical products to the Food and Drug Administration ("FDA"), or may notify patients of recalls of products they are using.

Public Safety: Florida Mind Health Center may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant, or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, or to report criminal conduct at Florida Mind Health Center. We may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety of the community or an individual.

Health Oversight Activities: Florida Mind Health Center may disclose medical information to a government agency that oversees Florida Mind Health Center or its personnel, and requires medical information to monitor Florida Mind Health Center's compliance with state and federal laws.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, Florida Mind Health Center may release your medical information as required by military command authorities or to the Department of Veterans Affairs. Florida Mind Health Center may also disclose medical information to federal officials for intelligence and national security purposes or for presidential protective services.

Judicial and Administrative Proceedings: Florida Mind Health Center may disclose medical information in any judicial or administrative proceeding if ordered to do so by a court, or if Florida Mind Health Center receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations, so that you will have a chance to object to sharing your medical information.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. Medical information about evaluation and treatment for a serious mental illness is treated differently than other types of information. Florida Mind Health Center is required to get your permission before disclosing that information to others in many circumstances.

Disclosure Accounting: You have the right to receive a list of instances in which we, or our business associates, disclosed your health information for purposes other than treatment, payment, healthcare operations and/or certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Other Uses and Disclosures: If Florida Mind Health Center wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, Florida Mind Health Center will seek your permission. Permission granted to Florida Mind Health Center may be rescinded at any time, unless Florida Mind Health Center has already acted on your permission to use or disclose the information. To revoke your permission, please notify Florida Mind Health Center in writing at: admin@flmindhealthcenter.com.

WHAT ARE YOUR RIGHTS?

Right to Request Your Medical Information: Patients have a right to look at their own medical information and to get a copy of that information. The law requires Florida Mind Health Center to keep the original record. This includes your medical record, your billing record, and other records we use to make decisions about your care. Medical information that is available electronically may be obtained in that format.

If you request a copy of your information, you will be charged for Florida Mind Health Center's costs to copy the information. You will be notified in advance what this copying will cost. Patients can view their record at no cost.

Right to Request Amendment of Medical Information You Believe is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record.

Right to Obtain a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures Florida Mind Health Center makes of your medical information. To receive a list, please contact Florida Mind Health Center. The first list will be provided to you free of charge, but you may be charged a fee for any additional lists requested during the same year. You will be notified in advance what this list will cost.

Right to Request Restrictions on How Florida Mind Health Center Will Use or Disclose Your Medical Information for Treatment, Payment or Health Care Operations: You have the right to ask Florida Mind Health Center not to make use or disclosure of your medical information to treat you, to seek payment for care, or to operate Florida Mind Health Center. You may require a restriction on the disclosure of your medical information to a health plan, where that information is associated with an item or service for which you paid out-of-pocket. Otherwise, Florida Mind Health Center is not required to agree to your request. If we do agree, we will comply with that agreement. To request a restriction, please contact Florida Mind Health Center and describe your request in detail.

Right to Request Confidential Communication: You have the right to ask Florida Mind Health Center to communicate with you in a way that you will feel is more confidential. For example – you can ask us not to call your home, but to communicate only by mail. At the time of admission or upon registration, you may orally request confidential communications. Otherwise, you must submit a request in writing. You have the right ask to speak with your health care providers in private, outside the presence of others.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Right to a Paper Copy: If you have received this Notice electronically, you have the right to a paper copy at any time. You may obtain a copy of the Notice at any Florida Mind Health Center facility.

CHANGES TO THIS NOTICE

From time to time, Florida Mind Health Center may change its practices concerning how it uses or discloses patient medical information, or how Florida Mind Health Center will implement patient rights concerning their information. Florida Mind Health Center reserves the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. A revised Notice of Privacy Practices will be published for any further changes to these practices. Copies of Florida Mind Health Center's current Notice of Privacy Practices may be obtained by contacting Florida Mind Health.

HEALTH CARE PROVIDERS COVERED BY THIS NOTICE

This Notice of Privacy Practices applies to Florida Mind Health Center and its personnel. Florida Mind Health Center may share your information with other providers for treatment purposes, to be reimbursed for treatment, or to conduct health care operations. These health care providers will follow this Notice for information they receive about you from Florida Mind Health Center. Other health care providers may follow different practices at their own offices or facilities.

CONCERNS OR COMPLAINTS

Please tell us about any problems or concerns you have with your privacy rights, or how Florida Mind Health Center uses or discloses your medical information. If you have a concern, please contact Florida Mind Health Center at: info@flmindhealth.com or call (352) 448-6062.

If Florida Mind Health Center cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way, for the filing of a complaint.

IF YOU HAVE QUESTIONS

Florida Mind Health Center is required by law to give you this Notice and to follow the terms of the Notice that are currently in effect. If you have any questions about this Notice, or have further questions about how Florida Mind Health Center may use and disclose your medical information, please contact Florida Mind Health Center's Privacy Officer at info@flmindhealth.com or (352) 448-6062.

Signature

First name Last name

_____/_____/_____
Date