



THE SOURCE FOR WELLNESS

NOTICE OF PRIVACY PRACTICES AND RIGHTS

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is information that would enable a person reading or hearing it to identify you individually, referred to as “individually identifiable health information”, that relates to:

- your past, present, or future physical or mental health or condition;
- the provision of health care to you;
- the past, present, or future payment for the provision of health care or services to you; or
- your Genetic information.

Your Information. Your Rights. Our Responsibilities.

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. This Notice applies to Gracepoint, their Business Associates and Subcontractors.

-PLEASE REVIEW IT CAREFULLY-

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of the responsibilities to help you.

- **Get an electronic or paper copy of your medical record**
 - You, or your designee, can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request must be in writing to the service provider that maintains your records.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
 - We are not required to allow you to see or copy psychotherapy notes, information prepared for use in legal actions or proceedings, or where access is prohibited by law.
- **Ask us to correct your medical record**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing to the service provider that maintains your records.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days
- **Receive breach notifications**
 - You will receive notification if there is a breach of your unsecured protected health information (PHI).
- **Request confidential communications**
 - You can ask us to contact you in a specific way (for example, if you are an outpatient client, you could request we contact you at your workplace or via email) or send mail to a different address. Your request must be in writing to the service provider that maintains your records.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **Ask us to limit what we use or share**

- You can ask us **not** to use or share certain health information. We are not required to agree to your request, and we may say “no” if it would affect your care.
- You can ask us **not** to share certain health information with family members. We are not required to agree to your request, and we may say “no” if it would affect your care.
- These requests must be in writing to the service provider that maintains your records.

- **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Your request must be in writing to the service provider that maintains your records.
- We will make sure the person has this authority and can act for you before we take any action.

- **Get a list of those with whom we’ve shared information**

- You can ask for a list (Accounting of Disclosures) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. (Note: the list will not include any uses or disclosures made before April 14, 2003.) Your request must be in writing to the service provider that maintains your records.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one Accounting of Disclosures a year for free but may charge a reasonable, cost-based fee if you ask for another one within twelve months.

- **Not release information to your insurance company if you pay for the services yourself**

- Ask us to not release any information to your insurance company/health plan with regard to an admission or encounter if you pay for the associated services in full at the time of the service. The exception to this is if we are required by law to bill a health plan, which is the case with some Medicaid plans.

- **Get a copy of this Privacy Notice**

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Please contact the office, facility, or program where you receive services and we will provide you with a paper copy promptly.

- **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by sending a letter to the Gracepoint HIPAA Privacy Officer, 5707 N. 22nd Street, Tampa, Florida 33610 or calling 813-239-8279, or faxing to 813-239-8397.
- You can file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W., Washington, D. C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions

- **In these cases, you have both the right and choice to tell us to:**
 - Share information with your family, close friends, or others involved in your care.
 - Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- **In these cases, we never share your information unless you give us written permission:**
 - Marketing purposes.
 - Sale of your information.
 - Most sharing of psychotherapy notes.

- **In the case of fundraising:**
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

- **Communication Methods:**
 - Gracepoint uses a variety of electronic communication methods including phone, text messages and e-mail to communicate with you for the limited purposes of appointments, available services and other healthcare related services that may be of interest to you. Gracepoint uses an approved communication method/specific product of our choice. Gracepoint will disclose limited protected health information to other persons who may answer your electronic communications such as phone, text messages, or e-mail. These may include information about appointments, available services or other healthcare related services.
 - You will choose your communication preferences at the time of your admission to one of our programs. If you choose to opt-out of any communication preferences that you selected at a later date, you may exercise your opt-out option or to revoke a previous opt out request, you will need to provide your name and date of birth and use either of the following methods:
 - Call us at 813-239-8280
 - Send your opt-out request to us in writing to:
Gracepoint Attn: Privacy Officer 2815 E. Henry Ave. Suite D-7 Tampa, FL 33610



How do we typically use or share your health information?

We typically use or share your health information in the following ways. Please note that not all types of uses and disclosures can be described or listed in this Notice

Treat you

We can use your health information and share it with other professionals employed by or under contract with Gracepoint.

Example: A doctor performing a clinical evaluation may talk to your counselor about your overall health condition.

Run our organization	We can use and share your health information to run our organization, improve your care, and contact you when necessary.	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	We can use and share your health information to bill and get payment from health plans and other entities.	<i>Example: We give information about you to your health insurance plan so it will pay for your services</i>
Work with our contracted Business Associates and Subcontractors	Gracepoint contracts with individuals, other agencies, and businesses to carry out some of the services for which we are responsible. Examples would include community based care agencies, case management agencies, mental health treatment centers, and technology vendors.	

- **How else can we use or share your health information?**

- We are allowed or required to share your information in the course of certain investigations, determining eligibility, and in other ways— usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes and must only share the minimum amount of information necessary for the approved purpose.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html
- Gracepoint will participate in and share limited protected health information with the Florida Health Information Exchange Services Organization

- **Help with public health and safety issues**

- We can share very limited health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected child abuse or neglect
 - Preventing or reducing a serious threat to anyone’s health or safety
 - To emergency or medical personnel so they can treat you in a medical emergency

- **Do research**

- We can use or share limited information for health research.

- **Comply with the law**

- We will share information about you if federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

- **Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

- **Respond to lawsuits and legal actions**

- We can share specific health information about you in response to a properly executed court or administrative order.

- **Work with a medical examiner or funeral director**
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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- **Address workers' compensation, law enforcement, and other government requests**
 - We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes, with a law enforcement official, or correctional institutions
 - With health oversight agencies for activities authorized by law.
 - For special government functions such as military, national security, and presidential
 - Protective services
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- **Government agencies providing benefits or services**
 - We can share health information with other government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website at: www.gracepointwellness.org

Effective: September 22, 2013; Revised: January 2019

This Notice of Privacy Practices applies to the following organizations:

Gracepoint, their Business Associates and Subcontractors.

If you feel your privacy rights have been violated, or you disagree with a decision we made about your protected health information (PHI), you may file a complaint with the Secretary of the U. S. Department of Health and Human Services and/or the Department of Children and Families and/or Gracepoint by contacting the agencies at the addresses below. No retaliatory actions will be taken against you for filing a complaint.

Gracepoint

HIPAA Privacy Officer
 5707 N. 22nd Street
 Tampa, FL 33610
 Phone: (813) 239-8279
 FAX: (813) 239-8397
 Website:
www.gracepointwellness.org

The Department of Children and Families Office of Civil Rights

HIPAA Privacy Officer
 1317 Winewood Blvd., Bldg. 1, Room 110
 Tallahassee, FL 32399-0700
 Phone: (850) 487-1901
 FAX: (850) 921-8470
 Website: www.myfloridafamilies.com/hipaa

U. S. Department of Health and Human Services

Sam Nunn Atlanta Federal Center,
 Suite 16T70
 61 Forsyth Street, S. W.
 Atlanta, GA 30303-8909
 Voice Phone: (404) 562-7859
 FAX: (404) 562-7881
 TDD: (404) 562-7884