

MIAMI BEACH COMMUNITY HEALTH CENTER
NOTICE OF PRIVACY PRACTICES (page 1)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS IS A SUMMARY OF MIAMI BEACH COMMUNITY HEALTH CENTER'S (MBCHC) NOTICE OF PRIVACY PRACTICES. A DETAILED VERSION OF MBCHC'S NOTICE IS AVAILABLE AT YOUR REQUEST. PLEASE REVIEW THIS NOTICE CAREFULLY.

1. YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

- a. To inspect, receive, and upon your payment of reasonable fees, copy your health information – in limited circumstances, we may deny access to your health information;
- b. To request the right to amend your information (although we are not required to accept your requested amendment);
- c. to receive an accounting of certain disclosures of your information for the 6 years preceding such request (provided the disclosure occurred after April 15, 2003);
- d. To request a restriction on certain uses and disclosures of your information (although we are not required to accept your requested amendment);
- e. To file a complaint if you believe your privacy rights have been violated*; and
- f. To request the right to receive confidential communications.

To request any information about your rights to health information, complete and submit a written request to the: Director of Medical Records; 710 Alton Road, Miami Beach, Florida 33139

2. THE FOLLOWING ARE VARIOUS USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT MAY BE USED BY MBCHC AND ITS WORKFORCE WITHOUT YOUR AUTHORIZATION.

- a. For your medical treatment
 - i. For example, your health care team may share your medical information including their observations, in order to determine how you are responding to treatment.
 - ii. For example, we may use your health care information to contact you regarding an appointment.
- b. To obtain payment for your medical services
 - i. For example, a bill may be sent to your insurance company which contains your diagnosis, procedure performed or supplies used.
- c. For our Health Care Operations
 - i. For example, your information may be used in connection with quality improvement activities in order to improve the quality and effectiveness of the services we provide.
 - ii. For example, our “business associates” may need access to your confidential information so they can perform the job we asked them to do. Examples of business associates include accreditation agencies, state hospital associates, our attorneys and accountants.

3. ADDITIONALLY, WE MAY DISCLOSE LIMITED AMOUNTS OF YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS, UNLESS YOU OBJECT TO SUCH DISCLOSURES

- a. To family and friends involved in your case;
- b. With respect to treatment alternatives or other health related benefits which may be of interest to you;
- c. To limit persons for Fundraising activities of MBCHC; and
- d. Appointment reminders.

If you have any objections to the uses & disclosures mentioned above, you must complete and submit a written request to the: Director of Medical Records; 710 Alton Road, Miami Beach, Florida 33139

4. USES AND DISCLOSURES OF YOUR CONFIDENTIAL INFORMATION WE MUST MAKE (WITHOUT YOUR CONSENT)

- a. When we are required by Florida or federal law to do so;
- b. To state and federal public health authorities for disease prevention;
- c. To protective services agencies authorized to receive reports of abuse, neglect, and domestic violence;
- d. To governmental health oversight agencies;
- e. When required pursuant to a court order;
- f. For law enforcement purposes;
- g. To a coroner, medical examiner or funeral director for purposes of carrying out their duties;
- h. To organ and tissue procurement organizations;

_____ Patient Initials

**MIAMI BEACH COMMUNITY HEALTH CENTER
NOTICE OF PRIVACY PRACTICES (page 2)**

- i.** For research purposes pursuant to established research protocols (IRB or Privacy Board approval);
- j.** When required to avert a serious threat to health or safety;
- k.** In connection with workers compensation programs pursuant to Florida law;
- l.** In judicial and administrative proceedings in response to a court order or other lawful process; and
- m.** National Security & Intelligence Agencies.

Any uses other than what is described above is prohibited unless specific authorization is given by you. An authorization form is available at: 710 Alton Road, Miami Beach, Florida 33139.

Notwithstanding the above section, we will not use or disclose your highly confidential information set forth under Florida law unless we receive your written authorization.

5. OUR DUTIES

- a.** We are required to maintain the confidentiality of your protected health information and to provide you with notice of our legal duties and privacy practices.
- b.** We are required to abide by the terms of this notice
- c.** We reserve the right to change the terms of this Notice and will post the new Notice when it becomes effective.

6. RIGHT TO COMPLAIN

- a.** You may complain to the Director of Administrative Services; 710 Alton Road, Miami Beach, Florida 33139 If you believe your privacy rights identified in this Notice have been violated. Contact our office at (305)538-8835 for the form in filing a complaint. All complaints must be submitted in writing.
- b.** If you are unhappy with how your complaint was handled, you may contact the Secretary of health and Human Services
- c.** Federal law prohibits any retaliation for filing a complaint.

FOR FURTHER INFORMATION

You may contact the Compliance Officer at 710 Alton Road, Miami Beach, Florida 33139; (305)538-8835 for any further information with respect to this policy.

Patient Signature (or Legal Representative)

Date

Printed Name & Medical Record #

PT refused to sign

Received Document

Witness if patient refused to sign