

**Eckerd Youth Alternatives, Inc.**  
**Notice of Privacy Practices**

**I. This notice describes how health information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.**

**II. We have a legal duty to safeguard your child's protected health information (PHI).**

We are legally required to protect the privacy of your child's health information. We call this information "protected health information," or "PHI" for short. It includes information that identifies your child and that has been created or received by us about (1) your child's past, present, or future health or condition(s); (2) the provision of health care to your child; or (3) the payment for this health care.

We are providing you with this notice about our privacy practices that explains how, when, and why we use and disclose your child's PHI. With some exceptions, we may not use or disclose any more of your child's PHI than is necessary to accomplish the purpose of the use or disclosure. The term "you" is used in this notice to refer to a (that is, at least one) legal guardian of the child.

We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policy at any time. Any changes will apply to the PHI we already have. If we make an important change to our policies, we will promptly change this notice, post a new notice in the main lobby area of the program, and have copies available for distribution.

You can request a copy of this notice from the contact person listed in Section VI below at any time and can view a copy of the notice on our Web site at <http://www.eckerd.org>.

**III. How we may use and disclose your child's PHI.**

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your specific authorization, while for others, we do not. Below, we describe the different categories of our uses and disclosures.

**A. We may use and disclose PHI for the following reasons without a written authorization.**

**1. For treatment, payment, or health care operations.**

a. **For treatment.** We may disclose your child's PHI to physicians, nurses, mental health professionals, and other health care personnel who provide your child with health care services or are involved in your child's care. For example, we may disclose your child's PHI to his or her primary care physician for treatment purposes.

b. **To obtain payment for treatment.** We may use and disclose your child's PHI in order to bill and collect payment for the treatment and service provided to you. For example, if a service we provide is billable to a third party insurance company or to Medicaid, we may submit the information to them that is necessary for payment.

c. **For health care operations.** We may disclose your child's PHI in order to operate our program. For example, we use your child's PHI to evaluate the quality of the health care services he or she received.

**2. When a disclosure is required by law.** For example, we are required to make disclosures about victims of abuse, neglect, or domestic violence to the appropriate agency.

**3. For public health activities.** For example, we are required to report information pertaining to certain diseases to local health authorities.

**4. For health oversight activities.** For example, we will provide the necessary information to assist a government agency conducting an investigation or inspection of our health care activities.

**5. For judicial and administrative proceedings or for certain law enforcement purposes.** For example, we may provide PHI in response to an order of the court, or we may provide limited PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.

**6. For research purposes.** For example, in certain circumstances, we may provide PHI in order to conduct research.

**7. To avert a serious threat to health or safety.** For example, we may disclose PHI if in good faith we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**8. For specific government purposes.** For example, we may disclose PHI if we believe it is a matter of national security.

9. **For fundraising activities.** For example, we may mail information about various fundraising activities or events to you. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed in Section VI below.

B. Other uses and disclosures of your child's PHI not listed above, and permitted by the laws that apply us, will be made only with your written authorization. If you choose to sign an authorization to disclose your child's PHI, you may revoke (i.e., take back) it in writing at any time, except to the extent that we have already taken action based on the original authorization.

#### **IV. You have the following rights with respect to your child's PHI:**

A. The right to request limits on uses and disclosures of your child's PHI. We are not required, however, to agree or comply with your request.

B. The right to choose how we send PHI to you. You have the right to ask that we send information to you to an alternate address (e.g., your work address rather than your home address) or by alternate means (e.g., email instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.

C. The right to see your child's PHI. In most cases you also have the right to look at or get copies of your child's PHI that we have, but your request must be made in writing. If we don't have your child's PHI, but know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain cases, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that in advance.

D. The right to correct or update your child's PHI. If you believe that there is a mistake in your child's PHI, or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your child's PHI, tell you that we have done so, and tell others that need to know about the change. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement. If you don't file a written statement of disagreement, you may alternatively ask that your original request and our denial be attached to all future disclosures of your child's PHI.

E. The right to get a list of the disclosures we have made. You have the right to get a list of those instances in which we have disclosed your child's PHI. The list will not include uses or disclosures made to you; those related to treatment, payment, or health care operations; those that were authorized by you; those made for national security purposes; or in certain circumstances, those made to correctional institutions or for other law enforcement custodial situations.

Your request must be made in writing and you must specify the time period for which you want to receive a list of disclosures. This time period may not be longer than six years and may not include dates prior to April 14, 2003. We will respond within 60 days of receiving your request. The list we will give you will include the date of the disclosure, to whom the PHI was disclosed (including the address if known), a brief description of the PHI disclosed, and a brief statement of the reason for the disclosure.

F. The right to get this notice by email. You have the right to get a copy of this notice by email. Even if you have agreed to receive the notice via email, you also have the right to request a paper copy of this notice.

#### **V. How to express concerns about our privacy practices.**

If you think that we may have violated your or your child's privacy rights, or you disagree with a decision we made about access to your child's PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will take no retaliatory action against you or your child if you file a complaint about our privacy practices.

#### **VI. The person to contact for information about this notice.**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact our corporate privacy officer, Kim Chase, Policy Specialist, who can be reached at (800) 461-1236 ext 342. Kim Chase may also be reached via email at [kchase@eckerd.org](mailto:kchase@eckerd.org) or by traditional mail at 100 N. Starcrest Dr., Clearwater, FL 33758.

#### **VII. Effective date of this notice**

This notice is effective as of April 14, 2003.