



Beach House Center for Recovery

Confidentiality & HIPAA Privacy Notice

CONFIDENTIALITY NOTICE

I understand that the confidentiality of my patient records, including records related to mental health, substance use disorders, alcohol or drug use, and eating disorder treatment, is protected by federal and state laws and regulations, including 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2, HIPAA (45 C.F.R. Parts 160 and 164), and applicable Florida law.

I understand that this program may not disclose information identifying me as a patient or relating to my diagnosis or treatment without my written consent, except as permitted or required by law.

Permitted Disclosures Without My Written Consent

I understand that my information may be disclosed without my consent in the following circumstances:

- When required for mandatory reporting of suspected child abuse, neglect, or exploitation, as required by state law
- When reporting the cause of death of a patient
- When disclosure is made pursuant to a valid court order
- To medical personnel in a medical emergency
- When I commit or threaten to commit a crime:
 - On program premises
 - Against any person who works for the program
 - Or when there is a serious and immediate threat to commit such a crime
- When there is a clear and immediate risk of physical harm to myself, others, or the public, and disclosure is necessary to prevent harm

I understand that confidentiality laws do not protect information related to these circumstances.

Mandatory Reporting

I understand that federal confidentiality laws do not protect information regarding suspected child abuse or neglect from being reported to appropriate state or local authorities, as required by law.

Florida Confidentiality and Duty to Warn

I understand that, under Florida Statute § 490.0147, communications between a licensed mental health professional and a patient are confidential. This confidentiality may be limited when there is a clear and immediate probability of physical harm, and information may be disclosed only to the potential victim, appropriate family members, law enforcement, or other appropriate authorities, as necessary to prevent harm.

CONFIDENTIALITY IN GROUP

To reinforce the feelings of closeness and willingness to share with others your feelings, thoughts and consequences of your dependency, confidentiality is a must in group therapy. Use this as your golden rule: **What is said in Group, stays in Group.**

The following guidelines will help you maintain this rule:

- Group issues are not discussed with others outside your group.
- Do not discuss group issues with your roommate unless he/she is in your group.
- Do not discuss at any outside meetings or places where others may overhear you.

Your group therapists have the same responsibilities for group confidentiality as you, with the exception that your therapists share group issues and your participation in the group process with other staff members. This is a vital part of the staff team approach to assist you in your recovery.

The staff values your confidentiality so highly that anyone who breaks confidentiality whether to another patient of Beach House Center for Recovery, family, significant others, etc., may be subject to discharge from this program.

HIPAA NOTICE OF PRIVACY PRACTICES

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. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

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

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

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, costbased fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will do our best to accommodate reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item outofpocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say yes unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) 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.
- 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 a year for free but will charge a reasonable, costbased fee if you ask for another one within 12 months.

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. We will provide you with a paper copy promptly.

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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at

Beach House Center for Recovery
Attention: Privacy Officer
13211 US HWY 1
Juno Beach, FL 33408

- 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 18776966775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

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 do our best to follow your instructions while also complying with HIPAA and other privacy laws.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways. It is important to know that your health information that is disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule.

Treat you

- We can use your health information and share it with other professionals who are treating you.
- Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

- We are allowed or required to share your information 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. For more information see:
 - www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

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

Comply with the law

- We will share information about you if state or 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.
- 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.

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 or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance Use Disorder Records

- Our facilities, units, and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs (Records) is protected by special federal regulations (commonly called, Part 2), in addition to HIPAA.
- Unless otherwise permitted by the Part 2 regulations, we may only disclose your Records for treatment, payment, and health care operations with your written consent. Upon receipt of your written consent, we may use and disclose your Records in the same manner we are permitted to use and disclose your health information under HIPAA.
- We may disclose your Records without your consent to medical personnel in a medical emergency, to public health authorities if the Record has been de-identified, or to qualified personnel for research, audit, or program evaluation purposes.
- We will not use or disclose Records or testimony containing information from your Records in civil, criminal, administrative, or legislative proceedings against you unless (1) you have consented to such use or disclosure in writing; or (2) a court order has been issued and you have been provided notice and an opportunity to be heard. A court order authorizing use or disclosure of your Records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested Record can be used or disclosed.
- Before using Records for fundraising purposes, you will be provided a clear and conspicuous opportunity to elect out of such communications.

State Law

- When federal and state privacy laws are different and conflict, and the state law is more protective of your health information or provides you with greater access to your information, we will follow state law.
- Certain other types of health information may have additional protection under state law.
- For example, health information about mental health, HIV/AIDS, and genetic testing results is treated differently than other types of health information under certain state laws.
- To the extent applicable, we will obtain your written permission before disclosing these categories of information to others in many circumstances.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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 web site.

***Patient Acknowledgement:** The patient has received a copy of Beach House Center for Recovery's HIPAA Notice of Privacy Practices, and have the authority to execute this document, as the patient and/or the duly authorized representative of the patient. By signing this document, I state that I understand/agree to the above terms.