



Operation PAR, Inc.

Protected Health Information Privacy Notice

Client Name:

Client ID#:

Program:

Date:

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

This Notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH ANY OPERATION PAR STAFF IF YOU HAVE ANY QUESTIONS

I) Uses and Disclosures

- A. Operation PAR, Inc. (PAR) is required by law to protect all information about you. This includes your name, address, the services you receive at PAR, your diagnosis and any other information that could connect you with PAR or would allow someone to identify you as a person receiving substance abuse treatment or services. The names of people receiving alcohol, drug abuse, mental health or HIV-related services and all of their service records are protected by Federal regulations (42 CFR Part 2, and 45 CFR Parts 160 through 164) and Florida statutes (FS 397, FS 381, FS 384). PAR employees may not disclose any client identifying information about you to other persons, organizations or governmental agencies without your written permission unless:
 1. The disclosure is permitted by an appropriate court order.
 2. The disclosure is made to medical personnel in a medical emergency.
 3. The disclosure is made to qualified personnel and grantees for research, or for program audit or program evaluation including peer review and utilization reviews of client records.
 4. The information disclosed relates to a report of child abuse and/or neglect. PAR employees are required by law to report to the proper authorities any abuse or neglect incident that may be disclosed to staff.
 5. The information disclosed relates to a crime committed by a client either at the program or against any person employed by PAR including threats to commit such a crime.
 6. The information disclosed relates to state required reporting of communicable diseases.
 7. The information disclosed relates to a suspected case of elder abuse/neglect and is made anonymously to the State of Florida.
 8. The disclosure is to the Department of Food and Drug Administration (FDA) when the FDA determines that an error in packaging or manufacturing a drug that is used in alcohol or drug abuse treatment may endanger your health.
 9. The disclosure is made to a business associate of PAR. A business associate is an individual or organization that provides services to PAR such as certified public accountants or attorneys, business associates are bound to maintain the same level of confidentiality and security as PAR.

PAR is required to abide by the terms of this current Notice. However, PAR reserves the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all protected health information that PAR maintains. A revised Notice will be offered to you on the effective date of the change or at your next visit to PAR after the date of the change.

- B. Examples of Uses and Disclosures under 42 CFR Part 2 (Part 2).

1. Records may be used and disclosed for the specific purposes of treatment, payment and healthcare operations. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

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2. PAR releases the social security numbers of clients, and other identifying information, to the Florida Department of Children and Families (DCF), to the Central Florida Behavioral Health Network (CFBHN), and such entities as the Florida Health Information Exchange (HIE) and the Pinellas County Juvenile Welfare Board (JWB) for the purpose of conducting program funding evaluation.
3. If we disclose your substance use disorder (SUD) treatment records to a HIPAA-covered entity or its business associate, those records become protected by both 42 CFR Part 2 and the HIPAA Privacy Rule. The recipient must safeguard your information in accordance with both federal laws and may only use or disclose it as permitted by HIPAA and Part 2, or as authorized by your written consent.
4. The staff who are providing treatment/services to you will be able to share information about you with each other and their supervisors (treatment).
5. As part of their jobs in running the agency, PAR employees may review your records or see information that identifies you. This is called "healthcare operations" in the law. These employees include the counselors' supervisors; the medical records staff who are responsible for storing records; the quality improvement staff, risk management staff, and compliance staff, who are responsible for reviewing the services provided to all clients; and the staff who are responsible for reporting treatment outcomes to the agencies who fund treatment at PAR.
6. We have chosen to participate in the Florida HIE through CRISP Shared Services a provider of health information exchange ("HIE") serving Florida HIE. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP Shared Services by calling 877-940-6144 or completing and submitting an Opt-Out form to Florida HIE by mail, fax or through their website at www.flhie.org
7. A Part 2 program may use or disclose records to fundraise for the benefit of the Part 2 program only if the patient is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

C. A patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

D. Operation PAR will only use and disclose your protected information as described in this Notice, or with your written consent.

Releases of Information (ROI) or Consents:

- TPO-ROI
- Consent for Central Registry
- Family
- Legal
- Education
- Funding
- Media
- Medical
- several others

E. Employees of the State of Florida Department of Children and Families (DCF) may see your records or identifying information when they review records as part of the process of licensing PAR. These state employees are bound by the same privacy and confidentiality laws as PAR employees. Employees of Florida Managing Entities like Central Florida Behavioral Health Network (CFBHN) or Lutheran Services Florida (LSF) may see your records or identifying information when they review records as part of the process of funding Operation PAR through the State of Florida. CFBHN and LSF employees are bound by the same privacy and confidentiality laws as PAR employees. Surveyors for the Commission on Accreditation for Rehabilitation Facilities (CARF) may see your records or identifying information when they review records as part of the process of accrediting PAR. These people are also bound by the same privacy and confidentiality laws as PAR employees.

F. You may revoke your consent at any time, except to the extent Operation PAR has acted in reliance upon it.

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You may revoke consent by submitting a request in writing or verbally to any PAR program staff or PAR Medical Records Department or you may request reasonable accommodation for an alternative revocation process by contacting Operation PAR's Privacy Officer. Contact information can be found at the bottom of the Notice.

- G. If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.
- H. Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

II. Your Rights

- A. You have the right to request restrictions of disclosures, for purposes of treatment, payment, and healthcare operations, including when you have previously provided written consent. You have the right to decide who may be given information from your medical record and what information may be given out. You must sign an authorization for any release of any information with the exception of the cases listed above in Section I.A. An authorization must state who is to receive the information, what specific information is to be released and the reason the information is to be released. Without a written authorization, PAR is required by law to protect your records and your association with PAR. An authorization to release information may apply to the entire time that you are receiving treatment or services, or longer, or be limited to one time only. You have the right to a copy of any authorization that you sign, and you have the right to revoke or cancel an authorization at any time that you wish by contacting any PAR program staff, PAR Medical Records (HIM), or PAR Privacy Officer.

However, if you are receiving treatment or services as a result of court order or at the direction of the Florida Department of Corrections, the Florida Department of Juvenile Justice, or the Florida Department of Children and Families you may face legal problems over which PAR has no control if you seek to deny.

- B. Substance use disorder treatment records are protected by federal confidentiality rules (42 CFR Part 2). If we disclose your Part 2 records to another person or organization, those records remain protected, and the recipient is prohibited from redisclosing them unless permitted by Part 2 or authorized by your written consent. These protections apply even after the information is shared, and the recipient must comply with all applicable Part 2 restrictions on use and redisclosure.
- C. You have the right to request and obtain restrictions of disclosures to your health plan for those services for which you have paid in full by contacting PAR Medical Records Department.
- D. You have the right to request how and where we communicate with you, including alternative locations or means.
- E. You have the right to an accounting of disclosures by Florida HIE for the preceding three years, including information about who received your protected records, the date of the disclosure, and a brief description of the information that was disclosed. You may submit your request to CRISP and their information is above.
- F. You have the right to request to see your records. Requests to see records may only be refused in a few special cases. Each PAR program has a procedure to follow if you wish to see your records. This procedure will be explained to you as part of your orientation to the program in which you are enrolled at PAR. You also have the right to receive a paper or electronic copy of your record. Each PAR program also has a procedure and a schedule of charges for making copies of records for a client. All original documents in a client record must remain in the record and remain in the custody of PAR. You also have the right to receive a copy of the PAR Protected Health Privacy Notice by requesting a copy from any PAR program staff member.
- G. You have the right to receive a list of all disclosures that have been made by PAR from your record beginning on April 14, 2003. PAR is required by law to keep a record for six years starting on April 14, 2003, of every disclosure that it makes from your record outside of PAR with the exception of disclosures made with your authorization. Requests concerning the accounting of disclosures must be made in writing to PAR's Medical

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Records Department.

- H. You have the right to discuss this Notice with the contact person or office designated at the end of this Notice.
- I. You will not receive communications from Operation PAR to fundraise on its own behalf unless you give specific written permission.
- J. You have the right to ask us to amend your record. You do not have the right to change your record, but you may add a statement to your record if you believe that there is an error in the record or that something should be added to your record. You must first submit a request in writing if you wish to see, or obtain a copy, or amend your record. Requests concerning amendments can be made to the PAR's Medical Records Department.
- K. You have the right to complain if you believe that your rights concerning your records or privacy have been violated. You may file a written grievance, following your program's procedure or you may contact the director of your program, or the PAR Privacy Officer. The PAR Privacy Officer may be reached at (727) 545-7544. The privacy officer, or a designee, will return your call within 7 days of hearing from you. You will not be retaliated against or punished for making a complaint. You may also register a complaint in writing with the Federal Department of Health and Human Services through the Office of Civil Rights (OCR). OCR has enforcement authority over any Part 2 violations.
- L. You have the right to request restrictions regarding who at PAR may see your records, how PAR communicates with you in regard to billing and other normal business, and where to write or phone you and the times to phone you. PAR will make every attempt to meet reasonable requests but is not obligated to do so.
- M. PAR will release information provided consent has been signed by the following methods: verbal, encrypted email, electronic upload, mail, or via facsimile (fax). You have the right to refuse any method of releasing information by stating your preferred method on the signed consent form.
- N. Tele-health services are being utilized by Operation PAR staff. To ensure the safety of our patients and staff, you may be asked to conduct your scheduled session with staff via Tele-health services. Tele-health sessions are conducted in private and adhere to all HIPAA and HITECH standards.

FOR MEDICAL RECORDS REQUESTS, CONTACT:

PAR Medical Records Department
Phone: (727) 545-7544
Fax: (727) 545-7546
Email: Medical-Records@operpar.org
Address: 6720 54th Ave. North, St. Petersburg, FL 33709

III. Operation PAR's Duties

- A. Operation PAR is required by law to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to records. If there is a breach of your substance use disorder treatment records, we will notify you in accordance with the HIPAA Breach Notification Rule. Breaches of Part 2-protected information are subject to the same federal breach-notification requirements as other protected health information.
- B. Operation PAR is required to abide by the terms of the Notice currently in effect.
- C. Operation PAR reserves the right to change the terms of its Notice and to make the new Notice provisions effective for records that it maintains. Clients will be required to sign the revised Notice and may ask to receive a copy at that time or at any time after by asking any PAR program staff.
- D. PAR will not redisclose received client records unless permitted by 42 CFR Part 2 or with patient consent.

IV. Complaints

- A. If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services and/or Operation PAR. You may do so by contacting the HHS Office for Civil Rights or accessing <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. A patient is not

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required to report an alleged violation either to the Secretary or part 2 program but may report to either or both.

- B. In order to file a complaint with Operation PAR, please contact the Operation PAR Privacy Officer at (727) 545-7544 or additional contact information listed below.
- C. Operation PAR will not retaliate against you for filing a complaint.

FOR ADDITIONAL INFORMATION, CONTACT:

Larry McArthur
Chief Operating Officer-Privacy Officer
Cell: (727) 385-7571
Email: lmcarthur@operpar.org

V. Additional Information

- A. Violations of federal confidentiality laws, including 42 CFR Part 2 and the HIPAA Privacy Rule, may result in civil and criminal penalties. These laws prohibit unauthorized use or disclosure of your substance use disorder treatment information.
- B. PAR ensures that the PAR client identifier system, including client ID numbers, is confidential and secure. PAR further ensures that the only PAR employees who see any client's records are those employees involved in providing services to the client or who are involved in administrative duties which support treatment services. Violation of Federal confidentiality and privacy laws and regulations by PAR employees is a crime.
- C. While in treatment at PAR, you may participate in an activity with a group speaker from outside the agency. PAR will not reveal your identity to the speaker; disclosure of your identity will only take place through you identifying yourself to the speaker.
- D. The law also allows PAR to use information about you in certain other cases. These include 1) calling you or texting to remind you of an appointment and 2) calling you or writing to you to see how you are and to offer you other services. PAR will not use your name or other identifying information for any other marketing purposes without your specific permission. PAR will not sell your name or other identifying information for any marketing purposes.

EFFECTIVE DATE:

Date on which the Notice is first in effect. Date cannot be earlier than the date on which the Notice is first printed or otherwise published; see 42 CFR § 2.22(b)(viii).

By signing below, I acknowledge that:

- I have received this PAR Protected Health Privacy Notice.
- PAR staff have explained A) the ways that PAR protects client identifying information, B) the times when information about me may be released without my specific permission, and C) my rights related to my medical information.

I hereby agree to protect the confidentiality and privacy of other clients at all times. I will not discuss any information concerning other clients with individuals, organizations or governmental agencies or any person not directly employed by PAR.

Client Signature & Date

Witness Signature & Date

***If Client is under the age of 18 this Notice requires a Parent or Guardian Signature*:**

Parent/Guardian & Date