

Operation PAR, Inc.
Protected Health Information Privacy Notice
Effective November 2021

Client Name: _____

Client ID#: _____

Program: _____

Date: _____

This notice describes how your drug and/or alcohol information and medical records may be used and disclosed and how you can get access to this information. Please review it carefully.

SECTION 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 and to make the new notice provisions effective for all protected health information that PAR maintains. A revised notice will be provided to you on the effective date of the change or at your next visit to PAR after the date of the change.

SECTION B:

The law allows PAR to share your information within the agency and with certain regulatory agencies for the specific purposes of providing treatment/services, payment or healthcare operations.

1. 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 Tampa Bay Information Network (TBIN) and the Pinellas County Juvenile Welfare Board (JWB) for the purpose of conducting program funding evaluation.
2. The staff who are providing treatment/services to you will be able to share information about you with each other and their supervisors.

3. 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, risk management, and compliance staffs 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.
4. Employees of the State of Florida Department of Children and Families 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 Central Florida Behavioral Health Network (CFBHN) 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 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.

PAR insures that the PAR client identifier system, including client ID numbers, is confidential and secure. PAR further insures 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.

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.

The law also allows PAR to use information about you in certain other cases. These include 1) calling you 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.

SECTION C:

Under the privacy and confidentiality laws you have the following rights related to your medical records.

- 1) 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 Sections A and B. 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.

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, restrict or revoke an authorization for release of information already made to one of these entities.

- 2) 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 Notice of Privacy Practice.

- 3) 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.
- 4) 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 Records Department.
- 5) 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.
- 6) You have the right to request restrictions regarding who at PAR may see your records, how PAR communicates with you in regards 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.
- 7) PAR will release information provided consent has been signed by the following methods, verbal, encrypted email, mail and or via facsimile (fax). You have the right to refuse any method of releasing information by stating on the signed consent.

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’s Signature & Date

Witness Signature & Date

Parent/Guardian Signature & Date