

**ARCHWAYS, INC.**  
**Ft. Lauderdale, Florida**

**NOTICE OF PRIVACY PRACTICES**  
**SUMMARY OVERVIEW**

- A. We have a legal duty to protect health information about you. Protected health information (**PHI**) is any health information that includes demographic information that can be utilized to identify you.
- B. We may use and disclose PHI about you in the following circumstances:
1. We may use and disclose PHI about you to provide health care treatment to you.
  2. We may use and disclose PHI about you to obtain payment for services.
  3. We may use and disclose your PHI for health care operations
  4. We may use and disclose PHI under other circumstances without your authorization.
  5. You can object to certain uses and disclosures.
  6. We may contact you to provide appointment reminders.
  7. We may contact you with information about treatment, services, products or health care providers.
- C. You have several rights regarding PHI about you, they are as follows:
1. You have the right to request restrictions on uses and disclosures of PHI about you.
  2. You have the right to request different ways to communicate with you.
  3. You have the right to see and copy PHI about you.
  4. You have the right to request amendment of PHI about you.
  5. You have the right to a listing of disclosures we have made.
  6. You have a right to a copy of this Notice of Privacy Practices.
- D. You may file a complaint about our privacy practices with the Privacy Officer at extension 242 or with the:
- Office of Civil Rights  
1-850-414-3300
- E. Effective date of this Notice: 04/14/2003.

Please contact your clinical staff or the office of the Privacy Officer at extension 242, if you would like a complete copy of the Notice of Privacy Practices.

**ARCHWAYS, INC.**  
**NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.**

If you have any questions about this notice, please contact the Privacy Officer at (954) 763-2030 ext. 242.

WHO WILL FOLLOW THIS NOTICE.

This notice describes Archways' practices and that of:

- \* Any professional authorized to enter information into your medical record.
- \* All departments and service providers of Archways.
- \* Any volunteer we allow to help you while you are receiving services at the agency.
- \* All employees, staff and contractual personnel.
- \* All these individuals may share medical information with each other for treatment, payment or health care operations described in this notice.

OUR PLEDGE REGARDING PRIVATE HEALTH INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive here at Archways. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Archways, whether made by Archways' personnel or your doctor.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- \* make sure that health information that identifies you is kept private;
- \* give you this notice of our legal duties and privacy practices with respect to health information about you; and
- \* follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. For each

category of uses and disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- \* **For Treatment.** We may use health information about you to provide you with mental health/substance use treatment/services. We may disclose health information about you to psychiatrists, ARNPs, nurses, direct care staff, supervisors, interns, or other Archways personnel. For example, a psychiatrist providing you medications may need to know if you have a persistent medical problem, such as diabetes. This may determine what medications he/she prescribes. Different departments within Archways will share health information about you in order to coordinate the different things you need such as basic living skills, prescriptions, benefits, employment, etc. Your protected health information may be reviewed by the Department of Children and Families, Broward Behavioral Health Coalition (BBHC), CARF and any other funding, accreditation or legal entity for quality improvement, outcome studies and third party reimbursement, insurance requirements and accreditation.
- \* **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at Archways may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give Medicaid information that you received Case Management or Medication Management services from Archways so that Medicaid will pay us for the treatment you received. We may also have to tell your health plan provider about a treatment/service you may receive to obtain prior approval or to determine whether your plan will cover that treatment/service.
- \* **For Health Care Operations.** We may use and disclose health information about you for Archways' operations. These uses and disclosures are necessary to run Archways and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many clients to decide what additional services Archways should offer, what services are not needed and whether certain new treatments are effective. We may disclose information to interns, and other agencies for review and learning purposes. We may combine health information with other mental health agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific clients are.
- \* **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services at Archways.
- \* **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest or need to you.
- \* **Individuals Involved in Your Care or Payment for Your Care.** We may give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you receive our services. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition status and location. You will be asked to sign

an Authorization to Release Information for each family member you wish Archways to share any protected health information.

- \* **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- \* **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and Safety or the health and Safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## SPECIAL SITUATIONS

- \* **Workers Compensation.** We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- \* **Public Health Risks .** We may disclose health information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a client or potential client has been the victim or perpetrator of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- \* **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. Those oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- \* **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose health information about you in response to a court order, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- \* **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
  - In response to a warrant or court order, however remaining in compliance with 42 CFR protecting the rights of individuals with a substance abuse diagnosis,

- To identify or locate a missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the persons agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Archways. However remaining in compliance with 42 CFR protecting the rights of individuals with a substance abuse diagnosis;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- \* **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of Archways to funeral directors as necessary to carry out their duties.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- \* **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions and produced by the staff of Archways about your treatment/service. Usually, this includes health and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your detailed request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A licensed health care professional chosen by Archways will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- \* **Right to Amend.** If you feel that health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Archways.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, Archways may choose to include an addendum to the record in such a case;

- is not part of the health information kept by or for Archways;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate or complete.

Archways will provide you a written statement detailing the reasons for denial of your request to amend your records.

- \* **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- \* **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. This request must be made in writing on a Request of Restriction Form available from your Treatment Team Leader. For example, you could ask that we not use or disclose information about your services/treatment you are receiving to your family.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse, family member, etc.

- \* **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or through the mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- \* **Right to a Copy of This Notice.** You have the right to a copy of this notice. You will need to sign a form, stating that you have received a copy of this notice.

#### CHANGES TO THIS NOTICE

- \* We have the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in common areas. The notice will contain on the first page, in the top right-hand corner the effective date. In addition, each time you attend Archways for services/treatment, we will offer you a copy of the current notice in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Archways or with the **Office of Civil Rights at 1-850-414-3300**. For information about filing a complaint with Archways contact the **Privacy Officer at 954-763-2030 ext. 242**. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

#### OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the treatment/services that we provide you.

