



Notice of Privacy Practices

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

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws; the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. 1320det seq., 45 C.F.R. Part 160 & 164 and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Under these laws, South Florida Wellness Network, Inc may not say to a person outside South Florida Wellness Network that you attend the program, nor may South Florida Wellness Network disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

South Florida Wellness Network must obtain your written consent before it can disclose information about you for payment purposes. For example, South Florida Wellness Network must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before South Florida Wellness Network can share information for treatment purposes or for health care operations. However, federal law permits South Florida Wellness Network to disclose information without your written permission in the following situations:

1. Pursuant to an agreement with a qualified service organization/ business associate
2. For research, audit or evaluations.
3. To report a crime committed on South Florida Wellness Network premises or against South Florida Wellness Network personnel.
4. To medical personnel in a medical emergency.
5. To appropriate authorities to report suspected child abuse or neglect or domestic violence.
6. As allowed by a court order.

For example, South Florida Wellness Network can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified services organization/ business associate agreement in place.

South Florida Wellness Network may need to share your protected health information with third party business associates that provide services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Before South Florida Wellness Network can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing at any time.

Your Rights:

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. At your request, South Florida Wellness Network will not disclose information to your health insurance plan about any services for which you have paid out-of-pocket.

South Florida Wellness Network is not required to agree to any other restrictions you request, but if it does agree, then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. South Florida Wellness Network will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Center for Behavioral Health, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in South Florida Wellness Network records, and to request and receive an accounting of disclosures of your health related information made by South Florida Wellness Network during the six years prior to your request. You also have the right to receive a paper copy of this notice.

South Florida Wellness Network Duties:

South Florida Wellness Network will not share your protected health information for marketing or fundraising purposes, nor will we ever sell your protected health information without your prior approval.

South Florida Wellness Network is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. South Florida Wellness Network is required by law to abide by the terms of this notice. South Florida Wellness Network reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You may access a revised version by accessing our website, or you may request a copy by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Questions and Complaints:

If you want more information about our privacy practices or have questions or concerns, please contact our Compliance Officer [at \(954\) 533-0585](tel:954-533-0585)

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations. You may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Compliance Officer. The contact information is provided below.

Corporate Compliance Officer

Telephone: 954-533-0585 Fax: 954-533-0914

Address: 5225 NW 33rd Ave. Fort Lauderdale, FL 33309

I have read, understood, and received a copy of South Florida Wellness Network Notice of Privacy Practices and a copy of this form will be retained in my electronic health record (EHR).

Signed: _____ Date: _____

Printed Name: _____