



Gainesville Opportunity Center

## Notice of Privacy Practices for Protected Health Information

The Gainesville Opportunity Center (GOC) has responsibilities regarding the Protected Health Information of its Members. This Notice describes how Protected Health Information about GOC Members may be used and disclosed and how you, as a Member, can get access to your information. Please review it carefully.

**Protected Health Information (PHI)** is information that would enable a person reading or hearing it to identify you individually that relates to:

- your past, present, or future physical or mental health or condition;
- the provision of health services to you;
- the past, present, or future payment for the provision of health care or services to you; or
- your Genetic information

**You have the right to:**

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

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

- Tell family and friends about your condition
- Provide assistance in the case of a disaster
- Include you in a directory (if applicable)
- Provide behavioral services
- Raise Funds

**We may use and share your information as we:**

- Run our organization
- Bill for services
- Work with our contracted Business Associates and subcontractors
- Help with public health and/or public safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions
- Work with a medical examiner or funeral director



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- Address workers' compensation, health oversight agencies, law enforcement, and other government requests
- Report to government agencies providing benefits or services

### **How to get an electronic or paper copy of your health record**

- Your request must be in writing to the GOC Privacy Officer, see below.
- We will provide a copy of your health record, usually within 30 days of your request. We will not charge a fee.
- We are not required to allow you to see or copy psychotherapy notes, information prepared for use in legal actions or proceedings, or where access is prohibited by law.

### **How to ask us to correct mistakes in your health record**

- Your request must be in writing to the Executive Director.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

### **How to request a specific method for confidential communications**

- Your request must be in writing to the Executive Director
- We may say "no" to your request, but we will tell you why in writing within 60 days.

### **How to ask us to limit what we use or share**

- You can ask us not to use or share certain health information. We are not required to agree to your request, and we may say "no" if it would affect your services.
- You can ask us not to share certain health information with family members. We are not required to agree to your request, and we may say "no" if it would affect your services.
- These requests must be in writing to the Executive Director

### **How to 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. Your request regarding someone to act for you must be in writing to the Executive Director.
- We make sure the person has this authority and can act for you before we take any action.

### **How to get a list of those with whom we have shared your protected health information**

- You can ask for an Accounting of Disclosures 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. Your request must be in writing to the Executive Director.
- 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



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Accounting of Disclosures per year for free but we may charge a reasonable, cost-based fee if you ask for another one within twelve months.

### **How to get a copy of this notice of privacy practices for protected health information**

- You may download a copy of this Notice at: [www.goclubhouse.org/hipaa-notice.pdf](http://www.goclubhouse.org/hipaa-notice.pdf) or request a printed copy of this notice from us at any time.

### **How to file a complaint if you feel your rights were violated**

- You can complain if you feel we have violated your rights by sending a notice to:

HIPAA Privacy Officer, Gainesville Opportunity Center  
1210 NW 14<sup>th</sup> Ave, Gainesville, FL 32601

Or you can file a complaint with the

Florida Department of Children and Families,  
Office of Civil Rights, HIPAA Privacy Officer,  
1317 Winewood Boulevard, Building 1, Room 110,  
Tallahassee FL 32399-0700, Tel. 850-487-1901 Fax 850-921-8470

Or you can file a complaint with the

US Dept of Health and Human Services, Office for Civil Rights  
200 Independence Avenue SW, Washington DC 20201  
Or by calling 1-877-696-6775,  
or at <https://www.hhs.gov/hipaa/filing-a-complaint>

- We will not retaliate against you for filing a complaint.

### **How to tell us your choices about what we share**

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, please communicate to us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.



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- Share information in a disaster relief situation. (If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.)
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for marketing, promotion, or fundraising without your written permission.

### **Our uses and disclosures**

We typically use or share your health information in the following ways. Please note that not all types of uses and disclosures can be described or listed in this Notice.

- We can share your protected health information with other professionals who are treating you and coordinate services you may need.
- We can use and share your health information to run our organization, improve your services, and contact you when necessary.
- We can use and share your health information to bill and get payment
- Your information may be shared with our information technology services providers. They have business associate agreements with the GOC to protect your health information
- We are allowed or required to share your information in the course of investigations, services or other benefits, and 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:  
<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>
- We can share health information about you for certain situations such as:
  - o Preventing disease
  - o Helping with product recalls
  - o Reporting adverse reactions to medications
  - o Reporting suspected abuse, neglect, or domestic violence
  - o Preventing or reducing a serious threat to anyone's health or safety
- We can use or share your information for health research.
- 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.
- We can share health information about you with organ procurement organizations.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you:



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- o For workers' compensation claims
- o For law enforcement purposes, with a law enforcement official, or correctional institutions
- o With health oversight agencies for activities authorized by law
- o For special government functions such as military, national security, and presidential protective services
- We can share your health information with other government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program.

### **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 an information breach occurs that may have compromised the privacy or security of your PHI.
- 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](http://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.



## Notice of Privacy Practices for Protected Health Information

### Acknowledgement of Receipt and Review of Notice of Privacy Practices for Protected Health Information

**Instructions:** Please read this page closely, and ask a GOC staff member to answer any questions you may have about this notice or Gainesville Opportunity Center and then sign and date on the line at the bottom of this page. We need to make sure that you have been given this notice and that you understand all of your rights and responsibilities. If you have any questions after reading this information, please ask a GOC staff member or call 352-872-3232

**Acknowledgement:** I have received the Gainesville Opportunity Center Notice of Privacy Practices for Protected Health Information. I have had a chance to go over it with a GOC staff member and have received answers to any questions that I had. I understand how the Gainesville Opportunity Center will be working to help me, how to make a complaint and how my complaint will be handled.

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Member Name

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Staff Member Name

\_\_\_\_\_

Staff Member Signature

\_\_\_\_\_

Date