



## Anchorage Children's Home Acknowledgement of Notice of Privacy Practices Client Version

Our records of your care contain very personal information. State and federal law protect the confidentiality of this personal information. We take our duty to protect your Protected Health Information seriously. This Protected Health Information (PHI) includes individually identifiable information about:

- Your past, present, and future health or condition,
- Provision of health care to you,
- Payment for the health care considered PHI

Except in very specific circumstances we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

### Why We May Need To Use Or Disclose Your PHI:

There are many reasons why we may need to use or disclose your PHI.

**For Payment:** While our services are provided at no cost to you directly, the cost of providing services is supported through governmental grants and contracts that require us to submit data to those entities as proof of service provision. Payment for these services is dependent upon the submission of this data. All data submitted either in hard copy or through electronic means is done so through confidential/encrypted mechanisms to ensure your privacy.

**For Treatment:** Unless required by law to do so, we will not release information without the youth or parent/legal guardians written permission. Permission to release information may be revoked at anytime. At times these releases of information are necessary to ensure that youth are able to obtain health related services that Anchorage Children's Home does not provide directly, such as psychiatric services. We may also release information to your family or others involved in your care as a part of your care unless you specifically object to disclosure.

**For Oversight:** Regulatory and funding agencies retain the right to oversee the standards and practices of our agency to ensure quality of care and the ethical use of funds provided. Records are reviewed to ensure services are provided in keeping with given standards.

**Extreme Circumstances:** There are also times when we are required by law to share certain types of information that does not require your authorization.

1. Staff must contact the Florida Abuse Registry any time they suspect that a young person has been abused or neglected, unless the abuse has already been reported and investigated or unless you contact the Registry yourself in the staff member's presence.
2. Staff must contact a local mental health provider or law enforcement if you say that you really intend to hurt someone or yourself They also must warn the person you made the threat about.
3. Staff may release information if you disclose self destructive behaviors during services.
4. Staff must release information related to certain public health conditions and decedents to the appropriate health authorities as required by applicable law.
5. Staff may release necessary information to obtain emergency healthcare when we do not have time to obtain permission and disclosure is determined to be in your best interest.
6. Staff must release to the court any information it requests under court order.

### Your Rights Related To Disclosure:

You can request limits on uses or disclosure of your PHI, but we are not legally bound to agree with the limits. However, we will consider your request and to the extent that we do agree, we will document the limits and attempt to abide by them except in emergency situations and where in conflict with law. You may choose how and where we send you information re: services. You have a right to review PHI related to your services, unless disclosure is determined to be harmful to you or others in some way. We generally encourage family members to limit this practice as it tends to impact trust between family members. If you request access and access is denied, you have the right to know why access has been denied. You also have the right to insert a statement into your record regarding anything contained in it and to recommend any corrections or additions you believe are necessary. You may request a list of disclosures except when disclosures were made for the purpose of treatment/services to be provided to you,

payment for services/treatment, national security, or communication with law enforcement/corrections officials. You have the right to receive a copy of this notice.

**Anchorage Children's Home  
Acknowledgement of Notice of Privacy Practices**

I understand that Anchorage Children's Home is obligated by federal and state statute to protect client's Protected Health Information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. This Protected Health Information (PHI) includes individually identifiable information about:

- Clients' past, present, and future health or condition,
- Provision of health care to our clients,
- Payment for the health care considered PHI

Except in very specific circumstances Anchorage Children's Home must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

The clients we serve also have the same rights to privacy and confidentiality of their PHI. Anchorage employees are to ensure the protection of PHI. Employees found to be negligent or purposeful in their unauthorized disclosure of PHI are subject to sanctions that vary by the severity of the violation including the suspension of access to information during investigations of violations.

Request for Information/Access to Records must be in writing to: Attention: Quality Assurance/Training Manager, Anchorage Children's Home, 2121 Lisenby Ave, Panama City, FL, 32405.

Or if dissatisfied,

United States Department of Health and Human Services, Attention: Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 3B70, 61 Forsyth St. SW, Atlanta, GA32303-8909.

No action will be taken against any individual who files a complaint in good faith.

Effective Date: December 1, 2003

My signature below indicates my receipt of Anchorage Children's Home's Notice of Privacy Practice that includes:

- Anchorage Children's Home's duties
- My Privacy Rights
- Conditions of Disclosure
- How to file a Complaint
- Effective Date of the Notice

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/CPI/DCM

\_\_\_\_\_  
Date