

NOTICE OF PRIVACY PRACTICES

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

Responsibilities of Central Florida Behavioral Health Network (CFBHN)

CFBHN is required by law to maintain the privacy and security of your health information. The medical information maintained by our network is known as protected health information (PHI). It is collected from the mental health and substance use providers from which you have received services.

Our organization must follow the duties and privacy practices described in this notice, and will make a copy of this notice available to you. CFBHN will not use or share your information other than as described here unless you give us permission in writing. We will contact you promptly if the privacy or security of your health information has been compromised.

Uses and Disclosures

CFBHN typically uses or shares your health information to pay the providers who are treating you, and to bill and get payment from our funding sources. We may use information about you to help us develop and improve the types of services and care offered within our network. CFBHN is also allowed or required to share your information in other ways without your written authorization:

- To help with public health and safety issues, including reports of abuse, neglect or domestic violence or preventing/reducing a serious threat to anyone's health or safety.
- In response to lawsuits and legal actions.
- For research, audit or evaluation.
- In compliance with state or federal law.

CFBHN will never sell your information, or use it for marketing purposes.

Your Rights

When it comes to your health information, you have the right to:

- Receive a paper copy of this notice.
- Request to inspect or receive a copy of your health records and any other health information we have about you. With some exceptions, CFBHN reserves the right to deny your request, but you may make an appeal.
- Ask us to amend your health record if you think it is incorrect or incomplete. CFBHN may deny your request, but will tell you why, in writing, within 30 days.
- Ask CFBHN to not use or share certain health information for treatment, payment or operations. We are not required to agree to your request, and may deny it if it would affect your care.
- Receive a list of the times CFBHN has shared your health information for six years prior to the date you ask, who we have shared it with, and why.
- Revoke a written authorization for the release of your health information.

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(continued)

Your Rights (continued from previous page)

- Request confidential communications, including to be contacted in a specific way or to send mail to a different address.
- 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. CFBHN will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights have been violated. To file a complaint, you may contact the following organizations. CFBHN will not retaliate against you for filing a complaint.

Central Florida Behavioral Health Network, Inc.

Stephanie Johns
Privacy Officer
719 US Highway 301 S.
Tampa, FL 33619
(813) 740-4811
sjohns@cfbhn.org

Department of Children and Families
Office of Civil Rights
HIPAA Privacy Officer
2415 North Monroe Street, Suite 400
Tallahassee, FL 32303-4190
(850) 487-1901

State of Florida

HIPAA Privacy & Security Compliance Office
Agency for Health Care Administration
2727 Mahan Drive
Mail Stop #4
Tallahassee, FL 32308-5403
(850) 412-3960
Fax: (850) 414-6837
hipaaco@ahca.myflorida.com

U.S. Department of Health and Human Services

Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775


www.hhs.gov/ocr/privacy/hipaa/complaints

Changes to the Terms of this Notice

CFBHN 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, on our website, and we will mail a copy to you.

Effective Date of this Notice

This notice is effective as of March 30, 2023.

<p>Notice of Privacy Practices</p> <p>Approval:  Alan Davidson, President/Chief Executive Officer</p>	<p>Date Issued: <u>03/10/2010</u></p> <p>Last Revision: <u>03/30/2023</u></p> <p>Review Date: <u>03/30/2023</u></p>
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