

HIPAA – NOTICE OF CHI PRIVACY PRACTICE

STATEMENT OF PATIENT PRIVACY NOTICE THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW INFORMATION CAREFULLY.

(Effective Date: April 14, 2003)

Your protected healthcare information may be released to other healthcare professionals within Community Health of South Florida's staff, other healthcare providers by referral, and other entities covered by these privacy provisions for the purpose of providing you with quality healthcare.

Your protected healthcare information may be released to your insurance provider for the purpose of Community Health of South Florida receiving payment for providing you with needed healthcare services.

Your protected healthcare information may be released in connection with Community Health of South Florida's healthcare operations to include internal evaluation of the quality of services provided to you, and to allow outside agencies to review, certify or license the healthcare services provided to you.

Your protected healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.

Your protected healthcare information may be released to other healthcare providers in the event, you need emergency care.

Your protected healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).

Your protected healthcare information may be released only after receiving written authorization from you. You have the right to restrict the release of your protected healthcare information. However, Community Health of South Florida may choose to refuse your restriction request if it conflicts with providing you with quality healthcare or in the event of an emergency.

You may revoke your permission to release protected healthcare information at any time. It must be done in writing and contain an effective date and a list of the specific health information to be protected from release. Community Health of South Florida is NOT required to agree to your request.

You may be contacted by Community Health of South Florida by phone message, text or mail to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.

You may be contacted by Community Health of South Florida for the purposes of raising funds to support the organization's operations.

You have the right to receive confidential communication about your health status

As part of the Community Health of South Florida billing system, all members of your immediate family will be billed under one master account number. You will receive one monthly billing statement for the whole family ('Family Billing'). A separate account for each member within the family may be set up by the Community Health of South Florida's registration department at the written request of the patient.

You have the right to review and photocopy any/all portions of your protected healthcare information. Community Health of South Florida has the right to assess a reasonable fee for the photocopying of such information.

You have the right to request changes to your protected healthcare information. Your request must be made in writing and explain why the information should be amended. Community Health of South Florida can deny the requested change and if so, provide you with a written explanation for the denial.

You have the right to know who has accessed your protected healthcare information and for what purpose. Your request for disclosure of who has accessed your protected healthcare information must be done in writing to the Patient Privacy Officer listed below.

You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of electronic transmission or on paper.

Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.

Community Health of South Florida is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protects protected healthcare information.

Community Health of South Florida will abide by the terms of this notice and reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a copy of any changes to this notice upon their next visit to Community Health of South Florida.

You have the right to complain to Community Health of South Florida, if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your written complaint to:

Assistant Vice President of Risk Management and Compliance/Privacy Officer Community Health of South Florida, Inc.

10300 SW 216th Street Miami, FL 33190 (305) 235-8062

All complaints will be investigated. No personal issue will be raised for filing a complaint.

For further information about this Privacy Notice, please contact:

Community Health of South Florida Privacy Contact Officer

Telephone: (305) 235-062 Fax: (786) 245-2775

This notice is effective as of the date printed at the top of this document. This date must not be earlier than the date on which the notice is printed or published. Community Health of South Florida, Inc. is a Federally Qualified Health Center recognized by the Joint Commission