



# Notice of Privacy Practices

Effective Date August 12, 2021

THIS NOTICE DESCRIBES HOW MEDICAL, DRUG, AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
**PLEASE REVIEW IT CAREFULLY.**

## **SMA Healthcare's (SMA) Responsibilities**

SMA is committed to protecting the personal health information we collect. Protected health information includes demographic and medical information, such as; the past, present, and future physical health, mental health, or substance use of an individual. Demographic information could include your name, address, telephone number, social security number, and any other means of specific information that can be used to identify a specific person. We create a record of services you receive from us, which is used to provide you with quality care and for legal requirements. This notice applies to all of your records created by us. SMA is required by law to maintain the privacy and security of your Protected Health Information (PHI) in accordance with federal and state law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2. You will be notified if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and will provide you with a copy upon request.

## **How SMA May Use and Disclosure Your Health Information**

Your information may be used to provide, coordinate, manage your health care, or any other related services with personnel who are involved in providing care to you. Your information may also be used by certain department personnel to improve SMA's operations. SMA may send you appointment reminders, information about treatment options, or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Circumstances and investigations related to missing children, medical examiners' reports, court orders, warrants, or subpoenas; including if you file a civil or criminal suit against SMA or any SMA employee arising out of services received from SMA.
- Internal investigations and audits by SMA and governing department's divisions, bureaus, and offices.
- External investigations and audits by the state's Inspector General and Auditor General, the legislature's Office of Program Policy Analysis and Government Accountability, Agency for Health Care Administration, the Florida Department of Children and Families, and/or the Human Rights Advocacy Committee.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- Research approved by SMA. Your identifying information will not be published without your written authorization.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.
- Government request such as national security and presidential protective services.
- If you are in the custody of a correctional institution or under the custody of a law enforcement official, we may disclose information about you to provide continuity of care and for health and safety reasons.
- In the event of an emergency, SMA may contact your emergency contact and your record may be disclosed to SMA staff or emergency personnel on a "need-to-know" basis.

Other uses and disclosures of your protected health information will require your written authorization. This authorization will have an expiration date and can be revoked by you in writing at any time. This may include marketing and/or research purposes, certain uses and disclosures of psychotherapist notes, and the sale of protected health information resulting in remuneration to SMA.

## **Your Rights Regarding Your Health Information**

**Right to Inspect and Copy.** You have the right to receive a copy of your information maintained by SMA, except to the extent that information contains psychotherapy notes, information completed for use in a civil, criminal, or administrative proceeding, or in other limited circumstances subject to law that prohibits access to health information. To receive a copy of your information, you must submit your request in writing to SMA's Medical Records Department. We will provide a copy or summary usually within 30 days of receiving your request. We may charge a reasonable cost-based fee for copying, mailing or other supplies associated with your request.



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We may deny your request to receive a copy in certain circumstances. If your request is denied, in some cases, you may request that the denial be reviewed. Another healthcare professional chosen by SMA, not the person who denied your original request, will review your request and denial reason. We will comply with the outcome of the review.

**Right to Amend.** You have a right to request that we amend your information maintained by SMA that you believe is incorrect or incomplete. For example, if your date of birth is incorrect; you may request that the information be amended. To request an amendment to your health information, you must make your request in writing to SMA's Medical Records Department and include the reason for the request. If we deny your request for an amendment we will provide the denial to you in writing and an explanation of how you can file a written statement of disagreement with us that will become part of your medical record.

**Right to Request Restrictions.** You have the right to request restriction or limitation on how your health information is used or disclosed for services, payment, or healthcare operations. You also have the right to request a limit on health information we disclose to someone involved in your services or the payment for services. If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment. To request restrictions, you must make your request in writing to SMA's Medical Records Department. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request if it would affect your care, emergency treatment is needed, or if disclosure is required by law.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you in specific way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted; specifying an alternative address or other method of contact. We will accommodate all reasonable requests and will not request an explanation from you. To request confidential communications, you must make your request in writing to SMA's Medical Records Department.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. We will include all the disclosures SMA is required to track (exceptions include for those about treatment, payment, healthcare operations, and certain other disclosures you may ask us to make). Your request must be submitted in to SMA's Medical Records Department and include a time period, which may not be longer than six years prior to the date of your request. The first request within a 12-month period will be provided at no charge. We may charge you for the costs of providing additional accountings within the same 12-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time. A copy of this notice can be obtained from any SMA staff member or at our website, [smahealthcare.org](http://smahealthcare.org).

## Changes to the Notice of Privacy Practices

We reserve the right to change this notice as permitted by law. We reserve the right to make the revised or changed notice effective for all health information we already have about you, as well as, any information we receive in the future. We will post a copy of the current notice at each SMA location and on our website. The notice will contain the effective date on the first page.

## Complaints and Report Violations

If you believe your privacy rights have been violated you may file a complaint with SMA's Privacy Officer or U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

SMA Healthcare  
Attn: Privacy Officer  
150 Magnolia Avenue Box # 78  
Daytona Beach, FL 32114  
(386) 236-1667

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, DC 20201