



Notice of Privacy Practices

Effective Date November 4, 2024

THIS NOTICE DESCRIBES HOW YOUR MEDICAL, SUBSTANCE USE, AND OTHER PROTECTED HEALTH INFORMATION 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 your health information in accordance with state and federal law. This notice describes your rights and our duties under federal law. Protected health information ("PHI") is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition; your substance use; the provision of healthcare services; or the past, present, or future payment for the provision of health care services to you. Such information may also include your name, address, telephone number, social security number, and other information that can be used to identify you. 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 has, or may have compromised the privacy or security of your PHI.

How SMA May Use and Disclosure Your Health Information

Uses and disclosures of your PHI may be permitted, required, or authorized. SMA can disclose your PHI without your authorization as permitted by law. Those circumstances include:

SMA Personnel. Your PHI may be used or disclosed between SMA personnel that have a need for the PHI in connection with their responsibilities. Such personnel may use or disclose your PHI to provide, coordinate, and manage your health care and other related services. In addition to using your PHI to render treatment, provide diagnoses, and make referrals, your PHI may also be used for billing and insurance purposes and to conduct our healthcare business.

Business Associates. SMA may disclose your PHI to Business Associates that are contracted by SMA to perform services on our behalf when the use or disclosure of PHI is necessary for the Business Associate to perform the functions for which it is contracted. All of our Business Associates must enter into a Business Associate Agreement in which the Business Associate agrees to: protect the privacy of your PHI; use and disclose your PHI solely for the purpose for which the Business Associate is contracted; comply with applicable federal and state laws; and, if necessary, protect and defend your PHI in judicial proceedings that seek to use, obtain, or disclose your PHI unless such use or disclosure is permitted by law.

Parents/Legal Guardians. SMA may disclose limited verbal information related to a minor's treatment plan and current physical and mental condition to the parent/legal guardian of such minor.

Crimes and Threats of Crimes or Harm; Reporting Abuse. SMA may disclose to law enforcement PHI that is related to the commission of a crime on SMA premises, a crime against SMA personnel, and threats to commit such a crime, or intent to harm another person.

Reporting known or reasonable cause to suspect abuse, neglect, or exploitation of children, disabled adults, and the elderly.

Court Orders; Warrants; Subpoenas; Legal Proceedings. SMA may disclose PHI required by a court order, as long as the court order complies with applicable legal requirements.

SMA may use or disclose your PHI for law enforcement purposes, administrative investigations, and judicial and administrative proceedings, as permitted by law.

Medical Emergencies; Individual Health; Public Health/Safety Purposes. Emergency personnel in a medical emergency.

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.

SMA may disclose your PHI for public health purposes, including vital statistics, disease reporting, public health surveillance and investigations, and the regulation of health care professionals, as permitted or required by law.

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.

Secretary of U.S. Department of Health and Human Services; State Agencies. SMA is required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary, or their designates, is investigating to determine SMA's compliance with federal law.

SMA may disclose your PHI to state agencies, as permitted by law.

Research, Audit, and Evaluation Purposes. SMA may use or disclose your PHI for the purposes of conducting certain audit and evaluation activities.

SMA may use or disclose your health information for research purposes, as permitted by law. However, PHI, or information that can be used to identify you, will not be used or disclosed for research purposes without your written approval.

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 PHI 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 PHI, you must submit your request in writing to SMA's Medical Records Department. We will provide a copy or summary within 30 days of receiving your request, unless circumstances exist that prevent SMA from doing so within said time frame. SMA may charge a reasonable cost-based fee for copying, mailing or other supplies associated with your request.

SMA may deny your request to receive a copy of your PHI 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. If you believe the PHI we have about you is incorrect or incomplete, you have the right to request that we amend your PHI for as long as it is maintained by SMA. 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 PHI is used or disclosed for treatment, payment, or healthcare operations. However, we are not required to agree to restrictions for treatment, payment and healthcare operations, except in limited circumstances. You also have the right to request a limit on health information we disclose to someone involved in your treatment or the payment for treatment. If you pay for a service out-of-pocket and in full, you can request that your PHI not be disclosed to a payer for purposes of payment or health care operations.

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 or disclosure or both; and (3) to whom you want the restrictions to apply (e.g., disclosures to your spouse).

If SMA agrees to the restriction, we will comply with the restriction going forward unless and until 1) you revoke the restriction, orally or in writing, 2) an emergency exists that warrants circumventing the restriction to provide appropriate care, or 3) disclosure is permitted or required by law.

SMA reserves the right to terminate a restriction to which we have previously agreed. However, SMA will not terminate a restriction until it has provided you notice of the termination.

Right to Request Confidential Communications. You have the right to request that we communicate with you in a 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.

SMS opt-in or phone numbers for the purpose of SMS are not being shared.

Right to an Accounting of Disclosures. You have the right to request an accounting (a list) of certain disclosures of your PHI that SMA has made. Your request must be submitted 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 Notice. You have the right to notice of the uses and disclosures of your PHI, and SMA's duties and responsibilities regarding same, as provided herein. You may request a copy of this Notice from any SMA staff member. A copy can also be obtained at our website, 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, DCF Office of Civil Rights, or U.S. Department of Health and Human Services. All complaints must be submitted in writing, with the exception of DCF Office of Civil Rights, which permits individuals to file an oral complaint. 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

DCF Office of Civil Rights
2415 N. Monroe Street, Suite 400
Tallahassee, FL 32303
(850) 487-1901

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

SMA Healthcare is CARF accredited and SMA programs are sponsored by SMA, LSF Health Systems, LLC, and the State of Florida Department of Children and Families.