



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH AND SUBSTANCE USE) INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

All Star Children's Foundation ("ASCF") is dedicated to ensuring the privacy of information in accordance with applicable law. This Notice of Privacy Practices describes how your protected health information ("PHI") may be accessed, used and disclosed. It also describes your rights to access and control your PHI. We are required by law to maintain the confidentiality of your PHI, provide you with this Notice of our legal duties and the privacy practices that we maintain concerning your PHI, and to notify you of a breach of your unsecured PHI. We are also required to follow the terms of this Notice that are in effect at the time.

ASCF reserves the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI created or maintained in the past, and for any PHI that ASCF may create or maintain in the future. We will provide you with any revised Notice of Privacy Practices upon request and post the current version on our website. To request a copy, you may either call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The updated Notice will also be posted in our registration areas. If you have any questions about this Notice, please contact our Privacy Officer whose information is included at the end of this Notice.

INFORMATION AFFORDED SPECIAL PROTECTION UNDER STATE LAW

PHI consists of all individually identifiable information which is created or received by ASCF and which relates to your/your child's past, present, or future physical or mental health condition, the provision of health care to you/your child, or the past, present, or future payment for health care provided to you/your child. You should note that the following types of PHI are subject to heightened privacy restrictions under applicable law, as further detailed herein.

- **Psychotherapy Notes:** Psychotherapy notes are recorded by a psychologist or other mental health professional to document or analyze the contents of a conversation during a private counseling session or a group, joint, or family counseling session, and are separated from the rest of your/your child's health record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- **Confidential Communications:** Confidential communications consist of information entrusted to the psychologist/psychiatrist/provider by a patient. Confidential communications do not include the provider's own evaluation, assessment, analysis, diagnosis, or recommendations regarding the patient.

This requirements of this Notice apply to all health care professionals, employees, staff, and other individuals providing services at ASCF.

PERMITTED USES AND DISCLOSURES

Federal law allows a health care provider such as ASCF to use or disclose PHI as specified below. State law may afford additional protection, however, to certain types of sensitive information.

- **You.** We will disclose your/your child's PHI to you, as the patient or authorized personal representative of the patient, at your request.
- **Authorization.** Unless otherwise stated in this Notice, we will only disclose your PHI pursuant to the terms of an authorization signed by you, and you have the right to revoke that authorization.
- **Personal representative.** We will disclose your PHI to a personal representative designated by you to receive PHI, or a personal representative designated by law, such as the parent or legal guardian of a child or representative of the estate of a deceased individual. There are, however, some situations under State Law where prior authorization of a minor patient is required before certain actions can be taken. Please note that when a minor reaches 18 years of age or is otherwise emancipated under State Law, they hold all rights defined by this Notice unless someone has been designated to act on their behalf. You should also note that in certain circumstances, we may also elect not to treat a person as your/your child's personal representative (for example if the client/patient has been or may be subjected to domestic violence, abuse, or neglect by the person serving as personal representative).
- **Treatment.** We may use and disclose your/your child's PHI without your authorization to provide, coordinate, or manage your/your child's health care and any related services. For example, we may disclose PHI to other health care providers as necessary to coordinate the healthcare services you/your child receive, including consultation or referral.
- **Payment.** We may use and disclose your/your child's PHI without your authorization in order to bill and collect payment for the treatment and services provided to you/your child. For example, we may provide portions of your/your child's PHI to your health plan in order to get paid for the services we provided.
- **Health care operations.** We may disclose your/your child's PHI in order to operate our health care practice. For example, we may use your/your child's PHI in order to evaluate the quality of services that you received or to evaluate the performance of the professionals who provided health care services to you.
- **Appointment reminders and other notifications.** We may use or disclose your PHI, as necessary, to communicate with you. For example, we may contact you to remind you of your appointment or to provide you with information about treatment alternatives.
- **Business Associates.** We may share your/your child's PHI without your authorization with third party "business associates" that perform various activities (for example, billing or transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of PHI, we have a written contract that contains terms that will protect the privacy of your PHI.

USES & DISCLOSURES ALLOWED WITHOUT AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

Federal law also allows us to use and disclose PHI, without your consent or authorization or opportunity to agree or object as described below. Unless otherwise specified, the below-described categories of permissible uses and disclosures apply to PHI *other than* psychotherapy notes or confidential communications between a psychotherapist and patient, which are afforded additional protections under applicable law.

- **As required by law.** We may use or disclose PHI (including psychotherapy notes and confidential communications) when a disclosure is required by Federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence.
- **Public Health & Safety.** Subject to certain conditions, we can share your/your child's PHI for the following purposes:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions
 - Reporting suspected abuse or neglect
 - Preventing or reducing a serious threat to health or safety.
- **For research purposes.** In certain circumstances, we may provide PHI in order to conduct research. However, we must meet many conditions in the law before we can share your information for research purposes and will comply with such requirements when using information for research purposes.
- **To avoid harm.** We may use or disclose PHI (including psychotherapy notes and confidential communications) in order to avoid a serious threat to the health or safety of a person or the public. We may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security purposes.
- **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
- **To medical personnel.** We may disclose your/your child's PHI when disclosure is made to medical personnel in a medical emergency.
- **To law enforcement.** We may disclose your/your child's PHI when disclosure is made in connection with a suspected crime committed on the premises or a crime against any person who works for us or about any threat to commit such a crime.
- **Compliance with Law.** We will share your PHI if state or federal laws require it, including with the Department of Health and Human Services for the purpose of confirming our compliance with federal privacy laws.
- **Organ & Tissue Donation Requests.** We can share PHI with organ procurement organizations.
- **Medical Examiners and Funeral Directors.** We can share PHI with a coroner, medical examiner, or funeral director in the event of death.
- **Law Enforcement & Other Government Requests.** We may share PHI for law enforcement purposes or with law enforcement officials when permitted by law. We may also share PHI with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- **Judicial Proceedings, Court Orders and Subpoenas.** We can share PHI in response to a court or administrative order, or in response to a subpoena. When consistent with state law, psychotherapy notes and confidential communications may be shared in the course of a judicial or administrative proceeding arising from a complaint filed by or on behalf of the patient.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

You have the following rights with respect to your PHI:

- **Right to Request Restrictions.** You have the right to request limits on uses and disclosures of your/your child's PHI. You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your/your child's care. If we agree to your request, our agreement will be in writing, and we will comply with the restriction unless (i) the information is needed to provide you or your child with emergency care or (ii) we are required or permitted by law to disclose it. If you pay in full for a service or health care item out-of-pocket, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to this request unless a law requires us to share that information.
- **Right to Confidential Communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests. To request confidential communications, you must make a written request to our Privacy Officer specifying the requested method of contact for billing purposes, or the location where you wish to be contacted. You do not need to give a reason for your request.
- **Right to Inspection and Copies.** You have the right to see and get copies of you/your child's PHI, in paper and electronic form. This right does not include psychotherapy notes or information that is not part of the designated record set. Certain information related to minors is also protected by State Law and requires the prior authorization of a minor patient prior to disclosure. To obtain copies or request inspection of your/your child's PHI, you must submit your request in writing to the Privacy Officer, whose contact information is included at the end of this Notice. We may charge a reasonable fee that will be in compliance with applicable law. We may deny your request in limited circumstances. If your request is denied, you may request a review of our denial.
- **Accounting of Disclosures.** You can ask for a list (an accounting) of the times we shared your PHI for six years prior to the date of your request, who we shared it with, and why. Please note the accounting will not include disclosures made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. To request an accounting, submit your request in writing to the Privacy Officer. We will respond within 60 days of receiving your request.
- **Amendment of Records.** You can ask us to correct the PHI we maintain about you/your child if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. Please provide us with a reason for your request and identify the records you would like amended. If we agree to your request, we will notify you and amend the PHI. In certain circumstances, we may deny your request. If your request is denied, we will inform you in writing and explain your rights within 60 days. Please note that we cannot completely delete information contained in your/your child's record and the change will appear as an addendum to the existing record.
- **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically. We will provide you with a paper copy promptly.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer. All complaints must be submitted in writing to the Privacy Officer. You may contact ASCF's Privacy Officer at 941-217-6503 or in writing at the address below. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES

In some cases, you can decide what medical information we share, and who we share it with.

- **Family Members & Friends.** We may disclose PHI to individuals who you have chosen to involve in you/your child's medical care unless you object to such a disclosure. If you are not able/available to tell us your preference for disclosing PHI with others involved in your/your child's care, we may go ahead and share the information if we believe, in our professional judgment, that it is in your best interest, subject to State law. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- **Disaster Relief.** In the event of a disaster, we may disclose PHI to organizations assisting in disaster relief efforts unless you tell us not to, and that decision will not interfere with our ability to respond in emergency circumstances.
- **Disclosures to schools.** If applicable in limited circumstances, we may share your/your child's PHI with a school only if the PHI is limited to proof of immunization, the school is required to have proof of immunization status by State law, and we obtain and document agreement for disclosure by the parent, legal guardian, or emancipated minor.
- **Disclosures Requiring Your Authorization.** Other uses and disclosures that are not identified by this Notice will be made only with your written authorization. We will never sell or use PHI for marketing purposes without your authorization. Most uses and disclosures of psychotherapy notes also require your prior authorization. Any authorization you provide to us regarding the use and disclosure of PHI may be revoked at any time by notifying us in writing. After you revoke your authorization, we will no longer use or disclose your/your child's PHI based on the authorization. However, uses and disclosures made before we received your withdrawal will not be affected as we cannot take back any disclosures that have already been made based on your authorization. We will never condition the treatment you receive on your authorization unless (1) the treatment solely pertains to a research study requiring your authorization; or (2) is for treatment that is solely for the purpose of creating PHI for disclosure to a third party on provision of an authorization for such disclosure
- **Fundraising.** We may contact you for fundraising efforts, but you will be given an opportunity to opt-out of further fundraising communications. If you would like to opt out of fundraising communications, please contact our Privacy Officer, whose contact information is provided below.

RISKS ASSOCIATED WITH ELECTRONIC COMMUNICATIONS

Using any unsecure electronic communication (such as regular email) to communicate with us can present risks to the security of information. These risks include possible interception of the information by unauthorized parties, misdirected emails, shared accounts, message forwarding, or storage of the information on unsecured platforms and/or devices. We do not advise communicating with us via unsecured email or text message. By choosing to correspond with us via unsecure electronic communication platforms, you are acknowledging and accepting these risks.

QUESTIONS & PRIVACY OFFICER CONTACT INFORMATION

ASCF's Privacy Officer may be reached by phone or mail at:

3300 17th Street
Sarasota, Florida 34235
(941) 217-6503
PrivacyOfficer@allstarchildren.org

EFFECTIVE DATE OF NOTICE

This Notice was updated, published, and becomes effective on 7/7/2022.