

**NOTICE OF PRIVACY PRACTICES  
HUMAN SERVICES OUTCOMES, INC. (HSO)  
EFFECTIVE DATE APRIL 14, 2003**

**THIS NOTICE DESCRIBES HOW CONFIDENTIAL CLIENT INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes all of this organizations privacy practices and that of:

1. Any professional authorized to enter information into your clinical record;
2. All HSO employees and staff members;
3. Any student or volunteer;
4. Sharing medical information with other entities for treatment, payment, or healthcare operation purposes as described in this Notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by HSO. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information without your authorization, except as described in this notice.

## **HOW WE USE AND DISCLOSE INFORMATION ABOUT YOU:**

**FOR TREATMENT PURPOSES:** In our ongoing efforts to provide quality and timely rehabilitation and career services, we may use and disclose your information to provide, manage, and coordinate your care among the staff of HSO.

**FOR PAYMENT PURPOSES:** We may use and disclose personal and medical information about you so that payment for the services and treatment you receive may be collected from an insurance company, government agency (e.g. VA), and or third party.

**FOR OPERATIONS PURPOSES:** We may use and disclose information about you for various types of business operations. These uses and disclosures are necessary for individual care and/or performance of our staff in certain types of conditions. We may remove information that identifies from this set of medical information so that others may use it to study service delivery without learning who the clients are.

**BUSINESS ASSOCIATES:** There are some services provided in our organization through contracts with business associates. Examples include agencies with whom we partner to provide services, our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

**FOR PUBLIC SAFETY OR HEALTH PURPOSES:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosures of this type, however, will be given to only who is able to prevent the threat. Your health information may be disclosed to public health agencies as required by law.

**FOR HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to consultants or other agencies authorized by law or corporate policies. These oversight activities may include, but are not limited to, audits, investigations, and licensure. These activities are necessary for the

government to monitor the health care system, government programs, and compliance with civil right laws.

**FOR RESEARCH:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**FOR WORKERS COMPENSATION:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**FOR LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**FOR LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons, or similar process;
2. To identify or locate a suspect, fugitive, material witness or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. In emergency circumstances to report a crime, the location of the crime or victims, or the identity and/or description or location of the person who committed the crime.

**ON YOUR WRITTEN AUTHORIZATION:** You may give us written authorization to use your information or to disclose it to another person for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not effect any use or disclosures permitted by your authorization while it was in effect. Unless

you give us a written authorization we cannot use or disclose your information for any reason than those described in this notice unless disclosure is required by law.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION USES AND DISCLOSURES:**

Although your health record is the physical property of HSO, the information in our medical records belongs to you. You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You have the following rights:

**RIGHT TO REQUEST LIMITATIONS/RESTRICTIONS TO CERTAIN USES/DISCLOSURES:** You have the right to request a restriction or limitation to the above mentioned medical information we use or disclose about you for purposes of treatment and payment. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Certain information must be used and disclosed by this organization per mandated state and federal regulations. Therefore, you are prohibited from limiting these types of uses/disclosures that may interfere with payment, quality of care, and/or licensure. We are not obligated to agree to your request for restrictions/limitations. If we do, however, agree with these restrictions/limitations, we will comply with your request. Requests for restrictions/limitations must be made in writing and sent to: **HSO Corporate Privacy Officer, 36181 East Lake Road #189, Palm Harbor, Florida 34685.**

**RIGHT TO REVIEW/INSPECT/RECEIVE COPIES:** You have the right to review or inspect your health information and receive photocopies of the information that may be used to make decisions about your care. Usually, this information includes both medical and billing records, but it does not include psychotherapy notes. To inspect and/or receive photocopies of your medical information, you must contact the Corporate Privacy Officer of HSO. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If you are denied access to the medical information, you may request that the denial be reviewed. An objective team of privacy-minded officials will review the request, and we will comply with the outcome of the review.

**RIGHT TO AMEND/CORRECT:** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend or correct the information. All requests for amendment/correction of medical information must be directed to the HSO Corporate Privacy Officer. We may deny your request for an amendment if that information:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not a part of the medical information kept by our organization;
3. Is accurate and complete; and
4. Is irrelevant to the issue/concern raised.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an “accounting of disclosure”. This accounting is a list of the information that has been disclosed about you. To request an accounting of disclosures, you must contact the HSO Corporate Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free of charge. For additional lists, we may charge you for the cost of providing the list according to the “customary” or “nominal” copying charges.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you or your representative at work or by mail. Please contact the HSO Corporate Privacy Officer to request such arrangements. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

**RIGHT TO REVOKE:** You have the right to revoke authorization at any time, in writing, except to the extent where HSO has already made disclosures with your authorization.

**REPORTING COMPLAINTS/ALLEGATIONS:** If you believe that your privacy rights have been violated, you may file a complaint with the President of HSO. You may also file a complaint with the secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation for filing a complaint. To file a complaint with HSO contact:

Corporate Privacy Officer  
36181 East Lake Road #189  
Palm Harbor, FL 34685  
(727) 784-7650

**CHANGES/REVISIONS TO THIS NOTICE:**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as information we receive in the future.

I acknowledge that I have been given a copy of this Notice of Privacy Practices.

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Signature

Date: