



Goodwill Industries-Suncoast, Inc.

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Your Health Care Rights

You have the right to:

- Request restrictions on our use or disclosure of information. You can ask for limits on how your information is used or disclosed. We are not required to agree to such requests, but can if we believe it is reasonable to do so;
- Request that communication about your health information be made by alternative means or to an alternative location such as your business address instead of your home;
- Inspect and obtain a copy of your health information. In most cases, you have the right to look at or get copies of your medical records. You may be charged a fee for the cost of copying your records. (You may need to make an appointment to look at your record to assure that we will have it available for you.);
- Amend your health information. You may ask us to change your records if you feel that there is a mistake. We can deny your request

- for certain reasons, but we must give you a written reason for our denial; and
- Receive an accounting of disclosures made of your health. You have the right to ask for a list of certain disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you.

To exercise these rights, contact your assigned Goodwill staff member, or contact our Privacy Office at the address noted on the back of this Notice.

We will not require you to waive the above-mentioned rights in order to receive services.

Our Privacy Commitment to You

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, when we are required by law to do so, or for the other reasons listed in this brochure.

Changes to this Notice. We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Revised notices will be made available to you upon request by contacting your assigned Goodwill staff member or our Privacy Officer at the address noted on the back of this Notice. The Notice will also be available on the Goodwill Industries-Suncoast, Inc. website, www.goodwill-suncoast.org.

How We May Use and Disclose Your Health Information

For Treatment. We may use and disclose your health information** to provide, coordinate or manage the services, supports, and treatment you receive from us and other providers. For example, staff may discuss your information to

develop and carry out your individual service plan. Staff may share information to coordinate needed services, such as employment, independent living, transportation to/from work and/or medical appointments, etc.

For Payment. We may use and disclose health information about you so we can be paid for services we provide to you, or as necessary for other providers or entities to obtain or provide payment for your treatment. For example, a bill may be sent to a third-party payer, such as Medicaid or other state agency.

For Goodwill-Suncoast Business Operations. We may use and disclose health information about you for our own operations, to ensure we continue to provide quality services for our clients and/or residents. For example, we may use health information about you to evaluate the performance of our staff and to assess the quality of services and outcomes in your treatment. We may also use and disclose your information to study ways to more efficiently manage our organization. For example, to learn how we might improve our facilities and services, and to determine how to continually improve the quality and effectiveness of the services we provide such as through accreditation and licensing activities.

** Health information is defined as protected health information (PHI) that includes an individual's diagnosis, services provided/received, how payment will be made, and information that identifies the individual, such as name, address, social security number, etc.

How We Will Contact You. Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your place of residence or your workplace. At either location, we may leave messages for you on the

answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, please contact your assigned Goodwill staff member.

Appointments. We may use your information to contact you to remind you of an appointment or to provide you information about other treatments, services or health-related benefits and services that may be of interest to you.

Required by Law. We may use and disclose your health information as required by law. For example, we may disclose information for the following purposes:

- For public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities;
- To report information related to victims of abuse, neglect, or domestic violence;
- For judicial and administrative proceedings in accordance with legal authority;
- To assist law enforcement personnel in their law enforcement duties.

After Death. Your health information may be disclosed to funeral directors, coroners or medical examiners to enable them to carry out their lawful duties.

Research. We may use or disclose your health information for research purposes. Before we disclose information for research, the research will have been approved through an approval process that evaluates the needs of the research project and establishes policies to ensure the privacy of your health information.

Health and Safety. Your health information may be used or disclosed to avert a serious threat to the health and safety of you or any other person in accordance with applicable law. For example, if we believe the disclosure of your information is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime.

Fundraising Efforts. We may use and disclose your name, type of service received, and dates you received service for fundraising efforts supported by Goodwill Industries-Suncoast, Inc. You must notify your assigned Goodwill staff member in writing if you do not want to disclose information for this purpose.

Disaster Relief. We may use or disclose your health information to a public or private entity that is authorized by law to assist in disaster relief efforts. This may be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, or other person identified by you of your location, general condition or death.

Government Functions. Your health information may be disclosed to specialized governmental functions such as for the protection of public officials, for national security and intelligence activities, and to various branches of the armed forces that may require use or disclosure of your health information.

Inmates; Persons in Custody. We may disclose health information about you to a correctional institution or law enforcement official having custody over you. The disclosure will be made if the disclosure is necessary to provide services or health care to you; for the health and safety of others; or the safety, security and good order of the correctional institution.

Workers Compensation. We may disclose health information about you to the extent necessary to comply with Workers' Compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Individuals Involved in Your Care or Payment for Your Care. We may disclose to a parent/guardian, personal representative, family member, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive. We may also give information to someone who helps to pay for the services and supports you receive.

If there is an individual that you do not want us to disclose health information to, please notify or tell your assigned Goodwill staff member.

Complaints

You may express your concerns to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Complaints and Communications with Us: To file a complaint with us, contact our Privacy Officer [K. Morgan] at (727) 523-1512. To file a complaint by mail, send it to the following address:

**Privacy Officer
Goodwill Industries-Suncoast, Inc.
10596 Gandy Boulevard
St. Petersburg, FL 33702**

Complaints to the Federal Government: To file a complaint with the federal government, you may call (404) 562-7886; (404) 331-2867 (TDD). You may fax your complaint to (404) 562-7881 or send it by mail to the following address:

**Office for Civil Rights
U.S. Department of Health & Human
Services
61 Forsyth Street, SW. - Suite 3B70
Atlanta, GA 30323**

Please contact Goodwill-Suncoast if you would like this information in large print or in Spanish.

