Goodwill Industries-Suncoast, Inc.

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Your Information.
Your Rights.
Our Responsibilities.

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.

This Notice of Privacy Practices applies to Goodwill Industries-Suncoast, Inc. which provides services in a 10-county geographical area in west central Florida, including Citrus, Hernando, Highlands, Hillsborough, Levy, Marion, Pasco, Pinellas, Polk, and Sumter counties.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. In some limited circumstances, we may say "no" to your request, and you can ask for the denial to be reviewed.

Ask us to correct your medical record.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications.
- You can ask us to contact you in a specific way. For example, at home or on your cell phone or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share.
- You can ask us not to use or share certain information for treatment, payment, or our operations. This request must be in writing using the Request to Restrict Use and Disclosure of Protected Health Information form. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared your information.
- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures such as any you ask us to make. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure that the person has this authority and can act for you before we take any action.

File a complaint if you feel your privacy rights are violated.

- You can complain if you feel we have violated your rights by contacting our privacy officer (Hailey Bethune) using the address or telephone numbers on the front of this notice or you can send an email to hailey.bethune@goodwill-suncoast.com.
- You can file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a directory (*).

If you are not able to tell us your preferences, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, unless allowed by applicable law, we *never* share your information unless you give us written permission for:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes. (**)

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat You. We can use your health information and share it with other professionals who are treating you. **Example:** A case manager treating you in a day program asks a supported living case manager about your overall health.

Run our organization. We can use and share your health information to run our operation, improve your care, and contact you when necessary. **Example:** We use health information about you to manage your treatment and services.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. **Example:** For Workforce Development participants, we may give information about you to Vocational Rehabilitation so it will pay for your services. We may also give information to entities that help us collect payments.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- ✓ Preventing disease.
- ✓ Helping with product recalls.
- ✓ Reporting adverse reactions to medications.
- ✓ Reporting suspected abuse, neglect, exploitation or domestic violence.
- ✓ Preventing or reducing a serious threat to anyone's health or safety.

Do research. We can use and share information for health research.

Comply with the law. We share information about you if state or federal law requires it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

Respond to organ and tissue donor requests.
We can share health information about you with organ procurement organizations and tissue banks.

Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests.
We can use or share health information about you:

- ✓ For workers' compensation claims.
- ✓ For law enforcement purposes or with a law enforcement official.
- ✓ With health oversight agencies for activities authorized by law.
- ✓ For special government functions such as military, national security, and presidential protective services.

Respond and participate in lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena. We can also share information when a protective order is in place.

Business Associates. There are some health-related services provided through contracts with third parties, called "business associates," that may need the information to perform certain services on our behalf. Examples include software or technology vendors we may utilize to provide technical support, attorneys providing legal services to us, accountants, consultants, billing and collection companies, and others. When such a service is contracted, we may share your protected health information with such business associates and may allow our business associates to create, receive, maintain or transmit your information on our behalf in order for the business associate to provide services to us, or for the proper management and administration of the business associate. Business associates must protect any health information they receive from Goodwill, or create and maintain on Goodwill's behalf. In addition, business associates may re-disclose your health information to business associates that are subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information, we will have a written contract that contains terms designed to protect the privacy of your information.

De-identified information. We may use or disclose your health information to create de-identified information or limited data sets, and may use and disclose such information as permitted by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official as permitted by applicable law and rules**.**

Other State and Federal Specific Provisions and/or Laws. We may ask you for consent (authorization) to share certain medical information. This consent is required by Florida law for some disclosures and allows us to be certain that we can share your information for all of the reasons explained in this notice. For example, we may ask for your consent to share your information for payment purposes. We may also ask for your consent to share

certain sensitive information that may have extra protection under state or federal laws. For example, we may ask for your written authorization to disclose information we receive from certain substance abuse facilities.

* We do not create or maintain an organization directory

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.