



NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. This medical information is used by the Miracle of Love Inc. (herein referred to as the “Agency”) in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Agency for purposes of treatment, payment, and health care operations. *Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Agency may use or disclose your health information for case management and services.*

Your information may be used by certain Agency personnel to improve the Agency’s operations. The Agency also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the agency.
- Investigations and audits by program funders.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- District medical examiner investigations.
- Research approved by the agency and funders.
- Court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

INDIVIDUAL RIGHTS

You have the right to request the Agency to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The Agency is not required to agree with any restriction.

You have the right to be assured that your information will be kept confidential. The Agency will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing.

You have the right to inspect and receive a copy of your protected health information that is maintained by the Agency within 30 days of the Agency's receipt of your request to obtain a copy of your protected health information. You must complete the Agency's Authorization to Disclose Confidential Information form and submit the request to the Agency. If there are delays in getting you the information, you will be told the reason for the delay and the anticipated date when you will receive your information.

Your inspections of information will be supervised at an appointed time and place. You may be denied access as specified by law.

If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If the Agency cannot produce it in that form or format, it will give you the information in a readable hard copy form or another form or format that you and the Agency agree to.

The Agency cannot give you access to psychotherapy notes or certain information used in a legal proceeding. Records are maintained for specified periods of time in accordance with the law and regulations. If your request covers information beyond that time the Agency is required to keep that information, the information may no longer be available.

If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. The licensed health care professional will be designated by the Agency.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. The Agency may deny your request, in whole or in part, if it finds the protected health information:

- Was not created by the Agency.
- Is not protected health information.
- Is by law not available for your inspection.
- Is accurate and complete.

If your correction is accepted, the Agency will make the correction and tell you and others who need to know about the correction. If your request is denied, you file a grievance form following the

Client Grievance Policy and Procedure, detailing the reason you disagree with the decision. The Agency may respond to your grievance in writing. You may also file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Agency may have made of your protected information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures for health professional regulatory purposes.
- Disclosures of report of abuse of children, adults, or disabled.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a six (6) year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

The Agency may mail or call you with health care appointment reminders.

AGENCY DUTIES

The Agency is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the Agency keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The Agency has the responsibility to notify you following a breach of your unsecured protected health information.

As part of the Agency's legal duties, this Notice of Privacy Practices must be given to you. The Agency is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Agency may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised Notices of Privacy Practices will be available on the Agency website at <https://miracleofloveinc.org/privacy-practices-notice/> and will be available by email and at all Agency offices.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the Human Resources/Office Management office at 1301 W Colonial Dr. Orlando, FL 32804 telephone (407) 843-1760 ext. 133 and with the Secretary of the U.S. Department of Health and Human

Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 telephone (202) 619-0257 or toll free (877) 696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violated your privacy rights, and be filed within 180 days of when you knew or should have known the act or omission occurred. The Agency will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, or the director or administrator of the Agency where you received the notice.

EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning January 1, 2024 and shall be in effect until a new Notice of Privacy Practices is approved and posted.

REFERENCES

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule.” 45 CFR Parts 160 through 164. *Federal Register* 65, no. 250 (December 28, 2000).

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule.” 45 CFR Parts 160 through 164. *Federal Register*, Volume 67 (August 14, 2002)

HHS, Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information and Nondiscrimination Act; Other Modifications to the HIPAA Rules, 78 Fed. Reg. 5566 (January 25, 2013).

Notice of Privacy Practices. DH8006-SSG-09/2017. Florida Department of Health.

I have read and have had any of my questions regarding this Notice of Privacy Practices answered by MOL Staff. I understand the Privacy Practices at MOL, and if I have any additional questions about these Privacy Practices, I will contact my Case Manager or a member of management.

_____ Client Name (Print)	_____ Client Signature	_____ Date
_____ MOL Case Manager/Staff Name (Print)	_____ Signature	_____ Client ID

A copy of this signed document must be provided to the client and entered into the client's file.