



## NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE PERTAINS TO THE PRACTICES OF BEACON PEDIATRIC BEHAVIORAL HEALTH (“BEACON”). THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE AND ALL OF THESE RIGHTS MAY NOT APPLY TO YOU IN SOME CIRCUMSTANCES WHICH ARE NOT COVERED BY FEDERAL HIPAA REGULATIONS. YOU MAY BE PROTECTED UNDER OTHER FEDERAL AND STATE LAWS. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE DIRECTORS AT BEACON AT THE CONTACT INFORMATION LOCATED AT THE END OF THIS NOTICE.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We (providers at Beacon Pediatric Behavioral Health, LLC), may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes in most instances without your consent under HIPAA, but we will obtain consent in another form for disclosing PHI for other reasons, including disclosing PHI outside of this practice, except as otherwise outlined in this Policy. In all instances we will only disclose the minimum necessary information in order to accomplish the intended purpose. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
  - Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another therapist/ evaluator.
  - Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage, which would include an audit.
  - Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within our practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our practice group, such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

- We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information, including uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI. Examples of disclosures requiring an authorization include disclosures to your family and your legal counsel. Any disclosure involving psychotherapy notes, if any of us maintain them, will require your signed authorization, unless we are otherwise allowed or required by law to release them. You may revoke an authorization for future disclosures, but this will not be effective for past disclosures which you have authorized.
- As required by FS 397.501, written consent for disclosure of a minor’s PHI related to substance use or substance disorder treatment may only be given *by the minor*. This restriction includes disclosure to the minor’s parent or legal guardian; this information will not be disclosed to the parent or guardian without the minor client’s written consent.

### III. Uses and Disclosures Requiring Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization as allowed by law, including under the following circumstances:

Payment and Health Care Operations—the client’s PHI may be shared according to the following conditions:

- For Health Oversight Activities: We may use and disclose PHI if a government agency is requesting the information for health oversight activities. Some examples could be audits, investigations, or licensure and disciplinary activities conducted by agencies required by law to take specified actions to monitor health care providers, or reporting information to control disease, injury or disability.
- Insurance and Billing Purposes: If insurance, Tricare, and/or Medicaid is being billed for treatment, the diagnosis, method of treatment and dates of visits are submitted to the carrier. The carrier may also request other specific information or documents for authorization or audit purposes – requested clinical records must be provided by Beacon, which does not require your consent. If you have self-paid for all of the client’s services, you may restrict disclosure of the PHI to any insurance carrier. Disclosures about client/parent/guardian information (including names, date of birth, and social security number), services, insurance or reimbursement details, and related information are permitted to be shared without your consent in order to collect overdue fees, such as through a collection agency. Doing so does not violate client confidentiality or HIPAA, and Beacon may take such steps when necessary and applicable.
- Case Supervision: The client’s case may be discussed among relevant providers at Beacon in the course of clinical supervision.
- Case Consultation: We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, every effort to avoid revealing the identity of the client is made. The other professionals are also legally bound to keep the information confidential. Unless you object, details about these consultations will not be discussed.
- Serious Threat to Health or Safety: If we believe that the client poses a clear and substantial risk of imminent serious harm, or a clear and present danger, to themselves or another person we may disclose relevant confidential information to public authorities, the potential victim, other professionals, and/or the client’s family in order to protect against such harm. If the client communicates an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and we believe they have the intent and ability to carry out the threat, then we may take one or more of the following actions in a timely manner: 1) take steps to hospitalize the client on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that the client will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim’s parent or guardian if a minor, all of the following information: a) the nature of the threat, b) the client’s identity, and c) the identity of the potential victim(s). We will inform you/ the client about these notices and obtain your written consent, if we deem it appropriate under the circumstances.
- Worker’s Compensation: If the client files a worker’s compensation claim, we may be required to give mental health information to relevant parties and officials.
- Felony Reporting: We may be required or allowed to report any felony that the client reports to us that has been or is being committed.
- For Specific Governmental Functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, and for national security reasons, such as for protection of the President.
- For Lawsuits and Other Legal Proceedings: If the client is involved in a court proceeding and a request is made for information concerning an evaluation, diagnosis or treatment, such information is protected by law. We cannot provide any information without the client’s (or personal or legal representative’s) written authorization, or a court order and at times an administrative subpoena, unless the information was prepared for a third party. Legal matters related to custody and minor records often have unique protections. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information. With that said, if a patient files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.
- Abuse, Neglect, and Domestic Violence: If we know or have reason to suspect that a child under 18 years of age or a developmentally disabled or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child or developmentally disabled individual under 21, the law requires that we file a report with the appropriate government agency, usually the County Children Services Agency. Once such a report is filed, we may be required to provide additional information. If we have reasonable cause to



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believe that a developmentally disabled adult, or an elderly adult in an independent living setting or in a nursing home is being abused, neglected, or exploited, the law requires that we report such belief to the appropriate governmental agency. Once such a report is filed, we may be required to provide additional information. If we know or have reasonable cause to believe that a patient or client has been the victim of domestic violence, we must note that knowledge or belief and the basis for it in the patient's or client records.

- To Coroners and Medical Examiners: We may disclose PHI to coroners and medical examiners to assist in the identification of a deceased person and to determine a cause of death.
- For Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- Required by Law: We will disclose health information about you when required to do so by federal, state or local law.
- Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- Other uses and disclosures will require your signed authorization.

### IV. Patient's Rights and Our Duties

#### Patient's Rights:

- Right to Request Restrictions and Disclosures—You have the right to request restrictions on certain uses and disclosures of protected health information about you for treatment, payment or health care operations.
- However, we are not required to agree to a restriction you request, except under certain limited circumstances, and will notify you if that is the case. One right that we may not deny is your right to request that no information be sent to your health care plan if payment in full is made for the health care service. If you select this option then you must request it ahead of time and payment must be received in full each time a service is going to be provided. We will then not send any information to the health care plan for that session unless we are required by law to release this information.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. If your request is reasonable, then we will honor it.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our clinical and billing records used to make decisions about you for as long as the PHI is maintained in the record, except under some limited circumstances. If we maintain the information in an electronic format you may obtain it in that format. This does not apply to information created for use in a civil, criminal or administrative action or proceeding. Whether electronic or hard copy, we may charge you reasonable amounts for copies, submission, mailing or associated supplies under most circumstances and we may require payment of such fees prior to provision of records. We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies of or access to your PHI, you may ask that our denial be reviewed. Under certain circumstances where we feel, for clearly stated treatment reasons, the disclosure of the client's record might have an adverse effect on the client, we will provide the records to another mental health therapist of your choice if that is allowable under state and federal law.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request, but will note that you made the request. Upon your request, we will discuss with you the details of the amendment process.
- Right to an Accounting – With certain exceptions, you generally have the right to receive an accounting of disclosures of PHI, not including disclosures for treatment, payment or health care operations for records on file for the past six years. On your request we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.
- Our Duties:
- We are required by law to maintain the privacy of PHI, to provide you with this notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of this notice.
- We reserve the right to change the privacy policies and practices described in this notice and to make those changes effective for all of the PHI we maintain.
- If we revise our policies and procedures, which we reserve the right to do, we will make available a copy of the revised notice to you on our website, if we maintain one, and one will always be available at our office. You can always request that a paper copy be sent to you by mail.
- In the event that we learn that there has been an impermissible use or disclosure of your unsecured PHI, unless there is a low risk that your unsecured PHI has been compromised, we will notify you of this breach.

### V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we make about access to your records, you may file a complaint with us and we'll consider how best to resolve your complaint. Contact your psychologist and/or behavior analyst, or our clinic Privacy Officer, listed below, if you wish to file a complaint with us. In the event that you aren't satisfied with our response to your complaint, or don't want to first file a complaint with us, then you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., 200 Independence Avenue S.W., Washington, D.C. 20201, Ph: 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation against you for filing a complaint.

### VI. Effective Date:

This notice is effective as of November 1, 2023

### VII. Privacy and Security Officer:

Each psychologist and behavior analyst acts as his or her own Privacy and Security Officer. You may contact him or her if you have any questions about any Privacy or Security Policies or if you wish to file a complaint with the practice. Information for our clinical Privacy and Security Officer is provided below:  
Adrienne DeSantis King, Ph.D., BCBA-D, NCSP, Executive Director, Beacon Pediatric Behavioral Health 6816 Southpoint Pkwy, Suite 202, Jacksonville, Florida 32216

### ACKNOWLEDGEMENT OF PRIVACY NOTICE

Client/Child Name (please print):

Parent/Guardian Name:

*I hereby acknowledge that I have received the Notice of Privacy Practices for Beacon Pediatric Behavioral Health and all therapists providing services at Beacon Pediatric Behavioral Health. I have read and understand the information provided to me above.*

Signature:

Signature Date: