#### www.voyagerecovery.com (772) 245-8345 850 Parkway Street

Jupiter, FL 33477



# PRIVACY POLICY Your Protected Health Information

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.** 

### **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 receive an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee. Ask us how to view or receive yours.

#### Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. If we are unable to fulfill your request we'll tell you why in writing within 60 days. Ask us how to do this.

#### Ask us to contact you in a specific way

You can specify a home, office or mobile number, or request mail to be sent to a different mailing address.

#### Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We will do our best to accommodate your request; we will decline this request if it will 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 accommodate that request unless we are legally required to share that information.

#### Get a list of those with whom we've shared information

You can ask for a list of the times we've shared your health information for six years prior to the date of your request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide you with one such list per year for free but may charge a reasonable, cost-based fee if you ask for another 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. <u>Download a PDF</u> of this notice; or <u>request a paper copy</u> be mailed to you.

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#### 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 the person has this authority and can act for you before we take any action.

#### **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, 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 hospital directory

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

We will **never** share your information unless you give us written permission in these cases:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### **Our Uses and Disclosures**

We typically use or share your health information in the following ways.

#### To treat you

We can use your health information and share it with other professionals who are treating you.

#### To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

#### To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

#### 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 must meet many conditions before we can legally share your information for these purposes. **Learn more about your rights under HIPAA.** 

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#### Public health and safety issues

We can share health information about you in certain situations such as:

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

#### Research

We can use or share your information for health research.

#### Comply with the law

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

#### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

#### 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 to 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.

#### **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.

#### Learn more about notices of privacy practices.

#### www.voyagerecovery.com



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#### **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.

#### **Questions and Requests for Information**

Questions, requests for information, and other inquiries under this Notice should be directed

to:

Voyage Recovery Center Director of Operations Ryan Potter rpotter@voyagerecovery.com (772) 245-8345

#### File a complaint if you feel your Privacy Rights have been violated

If you feel your privacy rights have been violated, or you disagree with a decision we made about your protected health information, you may file a complaint with the Secretary of the US Department of Health and Human Services and/or the Department of Children and Families by contacting either agency at the addresses below. No retaliatory actions will be taken against you for filing a complaint.

#### The Department of Children and Families, Office of Civil Rights

HIPAA Privacy Officer 1317 Winewood Blvd., Bldg. 1, Room 110 Tallahassee, FL 32399-0700 Phone: (850) 487-1901

Fax: (850) 921-8470

#### **US Department of Health and Human Services**

Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, S. W. Atlanta, GA 30303-8909

Phone: (404) 562-7453 TDD: (404) 562-7884 Fax: (404) 562-7881

#### Revisions

We reserve the right make modifications to our policies and procedures, including to this Notice, as necessary and appropriate to comply with applicable law, including the standards, implementation specifications, and other requirements of the HIPAA Privacy