



Miami Beach Community Health Center  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Miami Beach Community Health Center, Inc., (“MBCHC”) is dedicated to protecting your medical information (also referred to as “health information”). We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to you protected health information. We will follow applicable laws and the terms of the notice that are currently in effect.

**WHAT IS MEDICAL INFORMATION?**

Medical Information, or Health Information, is information that MBCHC collects from you when you are a patient that identifies who you are. This includes information such as your name, date of birth, dates of services, diagnosis, treatments, genetic information, financial information, medications, demographic information (name, address, home/cellular/work telephone numbers, email addresses, and social security number), photographs, video/audio recordings, images, etc. This information is important because it allows MBCHC staff to treat you more efficiently and effectively.

**HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED:**

The following describes how MBCHC may use and disclose your protected health information for treatment (including telehealth), payment, and health care operations purposes. These uses and disclosures, unless otherwise stated, do not require your written authorization.

**Treatment.** MBCHC may use health information about you to provide you with health care treatment or services. MBCHC may disclose health information about you to doctors, nurses, students, residents, volunteers, or other essential personnel who are

involved in your care. For example, our office may disclose health information about you to a specialist who has been asked to provide a consultation regarding your care, or your health information may be transmitted during a telehealth appointment. Telehealth is a type of health care treatment when the healthcare provider and patient are not in the same physical location, and treatment is provided through the use of technology, such as a two-way audio/visual feed.

**Payment.** MBCHC may use and disclose health information about you to receive payment for services provided to you. For example, our office may disclose certain information to your health insurance provider in order to receive payment for services provided to you. However, pursuant to Florida law, we will obtain your consent before billing any third party for services provided to you.

**Health Care Operations.** MBCHC may use and disclose health information about you for operational purposes related to our office. For example, our office may use or disclose information about you for quality of care purposes. Such activities are confidential and are designed to allow our office to improve and continue to provide a high quality of care to you and our other patients. We may also use and disclose your information for reminders, such as to provide appointment, prescription and care gap reminders. Methods of contact may include but are not limited to phone calls, text messages, leaving a message on your answering machine and/or voicemail, patient portal (email), unless you advise us otherwise. We may contact you for follow-up care or with information related to treatment alternatives or other health-related benefits and/or services that may be of interest to you.

**Fund Raising.** We may contact you to raise funds for MBCHC, however, you have the right to request to opt out of any such communications and we must honor your request.

**Family and Friends.** Unless you object, we may disclose your medical information to family members, other relatives or close personal friends when the



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medical information is directly relevant to that person's involvement with your care.

**Disclosure to Department of Health and Human Services.** We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

**Notification.** Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.

**Disaster Relief.** We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

**Health Oversight Activities.** We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

**Abuse or Neglect.** We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

**Judicial and Administrative Proceedings.** We may disclose your medical information as allowed by law in the course of certain judicial or administrative proceedings.

**Law Enforcement.** We may disclose your medical information for certain law enforcement purposes as required by law.

**Specialized Government Functions.** We may disclose your medical information as required by law for certain specialized government functions, including: certain military and veterans activities; national security and intelligence activities; protective services for the President and others; and correctional institution and law enforcement custodial situations.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your medical information to a coroner, medical examiner or a funeral director.

**Organ Donation.** If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

**Research.** We may use or disclose your medical information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization.

**Public Health Activities.** We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention.

**Public Safety.** We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

**Workers' Compensation.** We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

**Business Associates.** We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients. For example, MBCHC may use another company to perform billing services on our behalf. Our business associates are obligated by law and under contract with us to protect the privacy of your health information. MBCHC's business associates are not allowed to use or disclose any of your health information other than as specified in our contract with them and as required by law.

**Health Information Exchange.** We may disclose your health information through a health information exchange organization. If we do plan to disclose your health information through a health information exchange organization, we will provide you with the opportunity to either opt-in or opt-out of the disclosure.

**ORGANIZED HEALTH CARE ARRANGEMENT TERMS:** Miami Beach Community Health Center is part of an organized health care arrangement including participants in the Health Choice Network ("HCN"). A current list of HCN participants is available at <https://www.hcnetwork.org/leadership> As a business



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associate of Miami Beach Community Health Center, HCN supplies information technology and related services to Miami Beach Community Health Center and other HCN participants. HCN also engages in quality assessment and improvement activities on behalf of its participants. For example, HCN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. HCN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Miami Beach Community Health Center with other HCN participants when necessary for health care operations purposes of the organized health care arrangement.

**AUTHORIZATIONS:** Occasionally, there are circumstances that are not related to treatment, payment, and health care operations or otherwise required by law in which your health information may be used or disclosed. In such, cases we will obtain your written authorization before releasing your health information. For example, the following uses and disclosures will only be made with your written permission: 1) Most uses and disclosures of psychotherapy notes; 2) Disclosures that would constitute the sale of your health information; and 3) Uses and disclosures for marketing purposes. Additionally, you have the right to revoke any prior authorization by notifying us in writing.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.** You have the following rights, subject to certain limitations, with respect to your medical information we maintain about you:

a) *Right to Inspect and Copy.* You have the right to inspect and receive a copy and/or tell us where to send a copy of your health information that may be used to make decisions about your care or payment for your care, including information kept in an electronic health record.

b) *Right to Request Restrictions.* You have the right to request a restriction or limitation on your health information that we use or disclose for treatment, payment, or health care operations. You have the right to request a limit on the health information that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your

request. If we agree to your request, we will comply with your request unless we need to use the information in certain emergency treatment situations. You also have the right to request that we restrict disclosure of health information to your health plan if the disclosure is for the purpose of carrying out payment or health care operations (and is not for the purpose of carrying out treatment) and the health information pertains solely to a health care item or service for which you have paid in full, and we must comply with such a request. We are not required to comply with your request if you do not pay for the service in full.

c. *Right to Request an Amendment.* You may ask us to amend medical information about you in a medical record that we created. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.

d. *Right to Accounting.* You have the right to receive an accounting of the disclosures of your medical information made by MBCHC as required by law

e. *Breach Notification.* You have the right to be notified of any breach of your unsecured health information. If there is a breach (as defined by law) of any of your unsecured health information, then we will notify you following the discovery of the breach in accordance with applicable state and federal laws.

f. *Right to a Paper Copy.* If you received this Notice electronically, you may request a paper copy of this Notice of Privacy Practices for Protected Health Information

g. *Complaints.* You have the right to complain to MBCHC and/or to the United States Department of Health and Human Services at the addresses listed below if you believe that we have violated your privacy rights. All complaints must be made in writing. If you choose to file a complaint, you will not be retaliated against in any way.

**To contact MBCHC, contact:**

Attn: Privacy Officer  
Miami Beach Community Health Center 11645  
Biscayne Blvd, #207  
North Miami, Florida 33181  
Phone: 305-538-8835



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**To contact HHS:**

You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting <http://HHS.Gov/OCR/Privacy/HIPAA/Complaints>. Phone: 305-538-8835

THIS NOTICE OF PRIVACY PRACTICES IS EFFECTIVE AS OF May 26, 2020.

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at all MBCHC offices and on our website. We will make paper copies of the revised Notice of Privacy Practices available upon request.

\_\_\_\_\_  
Patient Signature (or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name & Medical Record #

\_\_\_\_\_  
Witness (*If patient refuses to sign*)

Patient refused to sign

Patient Received Document