



DOING  
THE MOST  
GOOD

## THE SALVATION ARMY, FT. LAUDERDALE NOTICE OF PRIVACY PRACTICES

We are committed to protecting the confidentiality of your protected health information, and are required by law to do so. This notice describes how we may use your protected health information within this Salvation Army location and how we may disclose it to others outside The Salvation Army. Certain medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information and we are required to obtain your informed consent in writing prior to any use or disclosure. This notice also describes the rights you have concerning your own information. Please review it carefully and let us know if you have questions.

This Notice of Privacy Practices applies to this Salvation Army facility, and all personnel, volunteers, students, and trainees.

### HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

We may use your protected health information to within this program to facilitate with your case management. We may also disclose your information to others who need that information to treat you in emergency situations such as to emergency service and medical transportation providers.

We also may use and disclose your protected health information to contact you to remind you of an upcoming appointment, to inform you about possible case management options or alternatives, or to tell you about health-related services available to you.

We may use and disclose your protected health information within this program if it is necessary to improve the quality of care we provide to clients. We may use your information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether Salvation Army personnel did a good job.

#### Family Members and Others Involved in Your Care:

We may disclose your protected health information to a family member or friend who is involved in your care if you have given written consent to do so. We also may disclose your protected health information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want The Salvation Army to disclose your information to family members or others who will visit you, please inform the staff during intake.

#### Required by Law:

Federal, state, or local laws sometimes require us to disclose clients' protected health information. For instance, we are required to report child abuse or neglect and vulnerable adults and must provide certain information to law enforcement officials in domestic violence cases.

#### Public Health:

We also may report certain information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State government.

#### Public Safety:

We may disclose protected health information for public safety purposes in limited circumstances. We also may disclose protected health information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct within The Salvation Army Ft. Lauderdale Area Command. We also may disclose your information to law enforcement officials and others to prevent a serious threat of health or safety.

#### Health Oversight Activities:

We may disclose protected health information to a government agency that oversees this Salvation Army location or its personnel, such as the State Department of Health Services as needed to monitor compliance with state and federal laws.

#### Coroners, Medical Examiners, and Funeral Directors:

We may disclose information concerning deceased clients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

#### Military, Veterans, National Security and Other Government Purposes:

If you are a member of the armed forces, we may release your protected health information as required by military command authorities or to the Department of Veterans Affairs. The Salvation Army at this location may also disclose information to federal officials for intelligence and national security purposes or for presidential Protective Services.

#### Judicial Proceedings:

This Salvation Army may disclose protected health information if ordered to do so by a court or if a subpoena or search warrant is served. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your information.

#### Other Uses and Disclosures:

If the Salvation Army wishes to use or disclose your protected health information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission, you may take back that permission any time, unless we have already relied on your permission to use or disclose information. If you would ever like to revoke your permission, please notify the Salvation Army staff member in charge of your case in writing.



## WHAT ARE YOUR RIGHTS?

### **Right to Request Your Protected Health Information:**

You have the right to look at your own information and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your client record, your services/referral record, and other records we use to make decisions about your care. To request your information, call or write to your case manager (contact information at the end of this notice).

### **Right to Request Amendment of Protected Health Information you believe is Erroneous or Incomplete:**

If you examine your protected health information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your client information, submit a written request to your case manager.

### **Right to Get a List of Certain Disclosures of Your Medical Information:**

You have the right to request a list of many of the disclosures we make of your protected health information. If you would like to receive such a list, submit a written request to this Salvation Army staff in charge of your case. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

### **Right to Request Restrictions on How This Salvation Army Will Use or Disclose Your Medical Information for Program Participation:**

You have the right to ask us NOT to make uses or disclosures of your information to provide services/referrals to you. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Compliance / Privacy Official and describe your request in detail.

### **Right to Request Confidential Communications:**

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss this with your case manager. You can also ask to speak with your case worker(s) in private outside the presence of other clients.

## CHANGES TO THIS NOTICE:

From time to time, we may change our practices concerning how we use or disclose client information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all protected health information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time at this Salvation Army facility or by requesting one from your case manager.

## DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your Privacy Rights or how this Salvation Army uses or discloses your protected health information. If you have a concern, please contact your case manager or Corps Officer.

If for some reason The Salvation Army cannot resolve your concern, you may also file a complaint with the Federal Government.

Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W., Atlanta, GA 30303-8909  
P: (404)562-7886

We will not penalize you or retaliate against you in any way for filing a complaint with the Federal Government.

## DO YOU HAVE QUESTIONS?

This Salvation Army is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how this Salvation Army may use and disclose your protected health information, please contact the Corps Officer.

Name  
Address, Phone, Fax, Email

The Salvation Army Divisional Headquarters  
Address, Phone, Fax, Email

The Salvation Army Southern Territorial Headquarters  
1424 Northeast Expressway, Atlanta, GA 30329  
P: (404) 728-1300