For questions, concerns, or complaints about privacy contact:
CFC HIPAA Privacy Officer
Geovanna Gonzalez
700 Mendham Blvd, S-201
Orlando, FL 32825
ggonzalez@cfchs.org
(407) 985-3568

You may also contact:
Office of Civil Rights
HIPAA Privacy Officer

Tallahassee, FL 32303
Phone: (850) 487-1901 FAX: (850) 921-8470
Website: Office of Civil Rights

NOTICE OF PRIVACY PRACTICES

Your Information.

Your Rights.

Our Responsibilities.

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. This Notice applies to Central Florida Cares Behavioral Health Management Entity, its Business Associates and Subcontractors.

-PLEASE REVIEW IT CAREFULLY-

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Choose someone to act for you.
- Receive breach notifications.
- Get a list of those with whom we have shared your information.
- Get a copy of this Privacy Notice
- File a complaint if you believe your Privacy Rights have been violated.

See page 2 & 3 for more information on these rights and how to exercise them.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a directory (if applicable)
- Provide mental health care.
- Market our service
- Raise Funds

See page 3 for more information on these choices and how to exercise them.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you.
- Run our organization, bill for services
- Work with our contracted Business Associates and subcontractors.
- Help with public health and/or public safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Respond to lawsuits and legal actions.
- Work with a medical examiner or funeral director.
- Address workers' compensation, health oversight agencies, law enforcement, and other government requests
- Government agencies providing benefits or services.

See Page 4 for more information

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is information that would enable a person reading or hearing it to identify you individually, referred to as "individually identifiable health information," that relates to:

- your past, present, or future physical or mental health or condition.
- the provision of health care to you.
- the past, present, or future payment for the provision of health care or services to you; or
- your Genetic information.

Your Rights

When it comes to your health information, you have certain rights.

Get an electronic or paper copy of your medical record.

- You, or your designee, can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request must be in writing to the program office or service provider that maintains your records.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We are not required to allow you to see or copy psychotherapy notes, information prepared for use in legal actions or proceedings, or where access is prohibited by law.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing to the service provider that maintains your records.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communication.

- You can ask us to contact you in a specific way (for example, if you are receiving outpatient services, you could request we contact you at your workplace or via email or send mail to a different address). Your request must be in writing to the service provider that maintains your records.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Ask us to limit what we use or share.

- You can ask us **not** to use or share certain health information. We are not required to agree to your request, and we may say "no" if it would affect your care.
- You can ask us **not** to share certain health information with family members. We are not required to agree to your request, and we may say "no" if it would affect your care.
- These requests must be in writing to the program office or service provider that maintains your records.

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. Your request must be in writing to the program office or service provider that maintains your records.
- We will make sure the person has this authority and can act for you before we take any action.

Receive breach notifications	You will receive notification if there is a breach of your unsecured protected health information (PHI).
Get a list of those with whom we have shared Information.	• You can ask for a list (Accounting of Disclosures) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. (Note: the list will not include any uses or disclosures made before April 14, 2003.) Your request must be in writing to the service provider that maintains your records. • 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 will provide one Accounting of Disclosures a year for free but may a reasonable, cost-based fee if you ask for another one within twelve 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. • You may also view and download a copy of this Notice at CFCHS Notice of Privacy Practices
File a complaint if you feel your rights are violated.	• If you feel your rights have been violated, you can complain by contacting Central Florida Cares Behavioral Health Management Entity (CFC) Privacy Officer at (407) 985-3568, via e-mail at ggonzalez@cfchs.org , or on the website at CFCHS Complaints, Grievances, and Fraud, Waste, Abuse • You can also send a letter to the Department of Children and Families, Office of Civil Rights, HIPAA Privacy Officer, 2415 N. Monroe St, Suite 400. Section D, Tallahassee, Florida 32303, call 850-487-1901, or fax it to 850-921-8470. • You can 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 1-877-696-6775, or visiting www.hhs.gov/ocr//privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

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, talk to us. 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.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

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

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways. Please note that not all types of uses and disclosures can be described or listed in this Notice.

Treat	• We can use your health information and share it with other professionals who are treating you and coordinate services you may need.	*Example:* A doctor performing a clinical evaluation may talk another doctor about your overall health condition.
Run our organization	• We can use and share your health information to run our organization, improve your care, and contact you when necessary.	*Example:* We use health information about you to manage your treatment and services.
Bill for your services	• We can use and share your health information to bill and get payment from health plans and other entities.	*Example:* We give information about you to your health insurance plan so it will pay for your services.
Work with our contracted Business Associates and Subcontractors	Central Florida Care contracts with other agencies, and businesses to conduct some activities for which we are responsible. Examples would include service providers, technology vendors, trainers, consultants**.**	

How else can we use or share your health information? We are allowed or required to share your information during investigations, determining eligibility, providing care, services, or other benefits, and in other ways— usually in ways that contribute to public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html**

Help with public health and safety issues.	We can share health information about you for 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.
Do 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 are complying with federal privacy law.
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.

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.

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, with a law enforcement official, or correctional institutions -With health oversight agencies for activities authorized by law -For special government functions such as military, national security, and presidential protective services
Government agencies providing benefits or services.	We can share your health information with other government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits or improves our ability to administer or manage the program.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- 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.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

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 at: **www.centralfloridacares.org**

Effective: July 14, 2026

This Notice of Privacy Practices applies to the following organizations:

Central Florida Cares Behavioral Health Management Entity, their Business Associates and Subcontractors.

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

The Department of Children and Families
Office of Civil Rights
HIPAA Privacy Officer
2415 N. Monroe St. Suite 400, Section D
Tallahassee, FL 32303
Phone: (850) 487-1901
FAX: (850) 921-8470

U. S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S. W.
Atlanta, GA 30303-8909
Voice Phone: (800) 368-1019
FAX: (202) 619-3818
TDD: (800) 537-7697