Little Havana Activities & Nutrition Centers of Dade County, Inc.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Little Havana Activities & Nutrition Centers of Dade County, Inc. ("LHANC") is committed to protecting the privacy of your health information. This Notice describes our legal duties, our privacy practices, and your rights concerning your Protected Health Information ("PHI") as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and Florida laws.

Protected Health Information (PHI) includes information that identifies you and relates to your past, present, or future physical or mental health condition, the provision of healthcare to you, or payment for your healthcare.

This Notice applies to PHI maintained by LHANC, including information created or received through our Home Health Agency, Pro Salud Medical Center, Adult Day Care Center, and other healthcare services that are subject to HIPAA.

Our Responsibilities

LHANC is required by law to:

- Maintain the privacy and security of your Protected Health Information.
- Provide you with this Notice of our legal duties and privacy practices.
- Notify you following a breach of unsecured PHI when required by law.
- Abide by the terms of this Notice currently in effect.

We reserve the right to change this Notice and make the revised Notice applicable to all PHI we maintain. The most current version will always be available at **www.lhanc.org** and at our service locations.

How We May Use and Disclose Your PHI

Federal law permits LHANC to use and disclose your PHI without your written authorization for certain purposes, including the following:

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare services.

Examples include:

- Coordinating care among physicians, nurses, therapists, social workers, pharmacists, and other healthcare providers.
- Referring you to specialists or community resources.
- Communicating with other providers involved in your care.

Payment

We may use and disclose your PHI to obtain payment for healthcare services.

Examples include:

- Billing Medicare, Medicaid, managed care organizations, or other health plans.
- Determining eligibility for benefits.
- Obtaining prior authorization.
- Processing claims and payments.

Healthcare Operations

We may use your PHI for activities necessary to operate and improve our organization.

Examples include:

- Quality improvement activities.
- Clinical supervision.
- Staff education and training.
- Licensing and accreditation activities.
- Compliance audits.
- Risk management.
- Business planning and administration.

Appointment Reminders and Health Information

We may contact you regarding:

- Upcoming appointments.
- Follow-up care.
- Health-related services.
- Treatment alternatives.
- Programs or benefits that may be of interest to you.

Individuals Involved in Your Care

Unless you object, we may share relevant information with a family member, caregiver, legal guardian, or other person involved in your care or payment for your care when appropriate.

Public Health Activities

We may disclose PHI to public health authorities as required by law for purposes such as:

- Disease reporting
- Public health investigations
- Preventing or controlling disease
- Reporting abuse, neglect, or exploitation
- FDA reporting requirements

Health Oversight Activities

We may disclose PHI to governmental agencies authorized to oversee healthcare providers, including licensing agencies, accreditation organizations, and regulatory authorities.

As Required by Law

We may disclose PHI when required by federal, state, or local law.

Judicial and Administrative Proceedings

We may disclose PHI in response to a court order, subpoena, or other lawful legal process when permitted by law.

Law Enforcement

We may disclose PHI to law enforcement officials under circumstances permitted by HIPAA and applicable law.

Serious Threat to Health or Safety

We may disclose PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation

We may disclose PHI as authorized by workers' compensation laws.

Business Associates

LHANC contracts with vendors who assist us in operating our organization. These Business Associates are required by law and contract to safeguard your PHI and may use it only to perform services on our behalf.

Uses Requiring Your Written Authorization

Except as otherwise permitted or required by law, LHANC will obtain your written authorization before:

- Using or disclosing psychotherapy notes (when applicable).
- Using your PHI for marketing purposes that require authorization.
- Selling your PHI.
- Any other use or disclosure not otherwise permitted by HIPAA.

You may revoke your authorization at any time in writing, except to the extent we have already relied upon it.

Your Rights

You have the following rights regarding your PHI:

Right to Inspect and Obtain Copies

You may request access to your medical records and obtain copies, subject to applicable fees and legal limitations.

Right to Request an Amendment

If you believe your medical information is incorrect or incomplete, you may request that we amend your record.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your PHI. While we are not required to agree to every request, we will comply when required by law.

Right to Request Confidential Communications

You may request that we communicate with you in a particular manner or at a specific location.

Right to Receive an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made by LHANC during the period permitted by law.

Right to Receive a Paper Copy

You have the right to receive a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights on your behalf, consistent with applicable law.

Complaints

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

Complaints may be submitted to:

Privacy Officer
Little Havana Activities & Nutrition Centers of Dade County, Inc.
700 SW 8th Avenue
Miami, Florida 33130
Phone: (305) 858-0887
Email: compliance@lhanc.org

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights

Filing a complaint will not affect your care or benefits.

Questions

If you have questions regarding this Notice or your privacy rights, please contact LHANC's Privacy Officer using the contact information above.

Changes to This Notice

LHANC reserves the right to change this Notice of Privacy Practices at any time. Any revised Notice will apply to all Protected Health Information maintained by LHANC and will be posted on our website and made available at our service locations.