



EPIC Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EPIC is required by law to maintain the privacy of certain health care information about our clients. The law also requires health care providers like EPIC to give you a Notice like this one and to follow its standards.

EPIC and Your Protected Health Care Information

As a part of our day-to-day activities, EPIC may need to use and disclose (share) your protected health care information for several purposes without first getting your written approval. Those purposes include:

- Your treatment. For example, EPIC might discuss your condition with your doctor.
- Payment for your treatment. For example, EPIC may need to discuss your condition and the treatments EPIC provided to you with your insurance or billing company.
- EPIC operations. For example, appropriate EPIC staff must discuss your condition in order to provide you proper treatment.
- EPIC may contact you based upon your protected health care information. For example, EPIC may call to arrange your appointments, provide you with information about new medications, treatments, benefits and services that are available to you, and also to raise funds for EPIC.
- EPIC may provide information to government officials who oversee health care or are working on threats to public safety from unsafe products, diseases, abuse, neglect, domestic violence and other crimes.
- EPIC may provide information to licensed researchers who are under strict rules regarding how they use and disclose protected health care information.

No other uses and disclosures of your protected health care information will occur without your written authorization. And, if you sign such an authorization, you have the right to cancel it at any time.

Your Rights Regarding Your Protected Health Care Information

Under the law, you have several rights that EPIC is committed to upholding. Those rights include:

- The right to request restrictions on some of the ways EPIC uses and disclosures your information. These restrictions can go beyond the restrictions already in the law. However, EPIC may not always agree to implement these additional restrictions.

- The right to receive confidential communications. While EPIC cannot promise to communicate in every possible way clients might request, we will work with you to find a practical way of communicating with you in strict confidence if you wish.
- The right to inspect and get copies of your health care information held by EPIC by making a request in writing. EPIC, however, may charge a reasonable fee to cover only the cost of providing this information.
- The right to request that EPIC amend or correct information about you. To make such a change, EPIC will ask you to make the request in writing with a description of the reason you want your record changed. EPIC may not always agree to such requests.
- The right to a list of EPIC disclosures of your protected health care information that were not authorized by you and the disclosures that were unrelated to treatment, payment and EPIC operations.

If you have any questions or complaints about the way EPIC handles your protected health care information or if you believe your privacy rights have been violated, contact the EPIC Privacy Officer at (904) 829-2273 or in person. You can also contact the Secretary of the U.S. Department of Health and Human Services. Please note that there will be no retaliation against you for filing a complaint or making requests regarding your health care information, or for disagreeing with EPIC-related decisions.

EPIC may need to change its privacy practices from time to time. Before making such changes, however, EPIC will modify this Notice and begin distributing it to clients when they are treated by EPIC. These new practices will then apply to all information held by EPIC. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking the EPIC's receptionist.

EPIC Behavioral Healthcare
Notice of Privacy Practices Acknowledgement of Receipt

I received a copy of EPIC's Notice of Privacy Practices. I understand that if EPIC uses my personal health information in a manner that is different than described by the Notice, EPIC must first get my permission in writing.

I am accepting this Notice on behalf of:

- Myself
- Another person as his or her personal representative (parent, guardian, family member etc.)

Signature of Client/Personal Representative:

Print Name of Personal Representative (*if applicable*):

Date signed: _____

If you received this by mail, please return a signed copy to:

Attention Privacy Officer
EPIC Community Services, Inc.
1400 Old Dixie Highway, Suite D
St. Augustine, FL
32084