

## CONSENT FORM

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**Date of Informed Consent:** 01/03/2020

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

### USES AND DISCLOSURE OF HEALTH INFORMATION

Cotler Healthcare is committed to protecting the privacy of the personal and health information we collect or create as part of providing health care services to our clients, known as “Protected Health Information” or “PHI”. PHI typically includes your name, address, date of birth, billing arrangements, care and other information that relates to your health, health care provided to you or payment for health care provided to you. PHI DOES not include information that is de-identified or cannot be linked to you.

This notice of Health Information Privacy Practices (the “Notice”) describes Cotler Healthcare’s duties with respect to the privacy of PHI, Cotler Healthcare’s use of and disclosure of PHI, client rights and contact information for comments, questions and complaints.

### COTLER HEALTHCARE’S PRIVACY PROCEDURES AND LEGAL OBLIGATIONS

Cotler Healthcare obtains most of its PHI directly from you, through care applications, assessments and direct questions. We may collect additional personal information depending upon the nature of your needs and consent to make additional referrals and inquiries. We may also obtain PHI from community health care agencies, other governmental agencies or health care providers as we set up your service arrangements.

Cotler Healthcare is required by law to provide you with this notice and to abide by the terms of the Notice currently in effect. Cotler Healthcare reserves the right to amend this Notice at any time to reflect changes in our privacy practices. Any such changes will be applicable to and effective for all PHI that we maintain including PHI we created or received prior to the effective date of the revised notice. Any revised notice will be mailed to you or provided upon request.

Cotler Healthcare is required by law to maintain the privacy of PHI. Cotler Healthcare will comply with federal law and will comply with any state law that further limits or restricts the uses and disclosures discussed below. In order to comply with these state and federal laws, Cotler Healthcare has adopted policies and procedures that require its employees to obtain, maintain, use and disclose PHI in a manner that protects client privacy.

### USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as outlined below, Cotler Healthcare will not use or disclose your PHI without your written authorization. The authorization form is available from Cotler Healthcare (at the address and phone number below). You have the right to revoke your authorization at any time, except to the extent that Cotler Healthcare has taken action in reliance on the authorization.

The law permits Cotler Healthcare to use and disclose your PHI for the following reasons without your authorization:

**For Your Treatment:** We may use or disclose your PHI to physicians, psychologists, nurses and other authorized healthcare professionals who need your PHI in order to conduct an examination, prescribe medication or otherwise provide health care services to you.

**To Obtain Payment:** We may use or disclose your PHI to insurance companies, government agencies or health plans to assist us in getting paid for our services. For example we may release information such as dates of treatment to an insurance company in order to obtain payment.

**For Our Health Care Operations:** We may use or disclose your PHI in the course of activities necessary to support our health care operations such as performing quality checks on your employee services. We may also disclose PHI to other persons not in Cotler Healthcare’s workforce or to companies who help us perform our health services (referred to as ‘Business Associate’s “) we require these business associates to appropriately protect the privacy of your information .

**As Permitted or Required By The Law:** In some cases we are required by law to disclose PHI. Such as disclosers may be required by statute, regulation court order, government agency, we reasonably believe an individual to be a victim of abuse, neglect or domestic violence: for judicial and administrative proceedings and enforcement purposes.

**For Public Health Activities:** We may disclose your PHI for public health purposes such as reporting communicable disease results to public health departments as required by law or when required for law enforcement purposes.

**For Health Oversight Activities:** We may disclose your PHI in connection with governmental oversight, such as for licensure, auditing and for administration of government benefits. The Florida Department of Human Services is an example of an agency that oversees Cotler Healthcare’s operations.

**To Avert Serious Threat to Health and Safety:** We may disclose PHI if we believe in good faith that doing so will prevent or lessen a serious or imminent threat to the health and safety of a person or the public.

**Disclosures of Health Related Benefits or Services:** Sometimes we may want to contact you regarding service reminders, health related products or services that may be of interest to you, such as health care providers or settings of care or to tell you about other health related products or services offered at Cotler Healthcare. . You have the right not to accept such information.

**Incidental Uses and Disclosures:** Incidental uses and disclosures of PHI are those that cannot be reasonably prevented, are limited in nature and that occur as a by-product of a permitted use or disclosure. Such incidental used and disclosures are permitted as long as Cotler Healthcare uses reasonable safeguards and use or disclose only the minimum amount of PHI necessary.

**To Personal Representatives:** We may disclose PHI to a person designated by you to act on your behalf and make decisions about your care in accordance with state law. We will act according to your written instructions in your chart and our ability to verify the identity of anyone claiming to be your personal representative.

**To Family and Friends:** We may disclose PHI to persons that you indicate are involved in your care or the payment of care. These disclosures may occur when you are not present, as long as you agree and do not express an objection. These disclosures may also occur if you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest. We may also disclose limited PHI to public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or

other person that may be involved in caring for you. You have the right to limit or stop these disclosures.

**EXCEPTIONS TO CONFIDENTIALITY**

Records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent in the following exceptions, which are further described below:

- To medical personnel in a medical emergency.
- To service provider personnel if such personnel need to know the information in order to carry out duties relating to the provision of services to an individual.
- To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.
- In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.
- Upon court order based on application showing good cause for disclosure.
- To police, if a crime is committed on facility property or upon a staff member, visitor, or other client.

**Notifications to medical personnel in a medical emergency:**

- Disclosures to medical personnel can be made if there is a determination that a medical emergency exists, i.e., there is a situation that poses an immediate threat to the health of any individual and requires immediate medical intervention [42 CFR §2.51(a)]. Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed by such personnel for treatment purposes as needed.
- Clients' identifying information may be disclosed to medical personnel who have a need for information about a Client for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.
- Client identifying information may be disclosed to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying Clients or their physicians of potential dangers.
- Immediately following disclosure, the staff member who made the disclosure shall document the disclosure in the client's records including the following.

**Notifications to law enforcement:**

- Law enforcement agencies can be notified if an immediate threat to the health or safety of an individual exists due to a crime on the facility premises or against staff. Staff are permitted to report the crime or attempted crime to a law enforcement agency or to seek its assistance [42 CFR §2.12(c)(5)]. Part 2 permits disclosure of information regarding the circumstances of such incident, including the suspect's name, address, last known whereabouts, and status as a client at the facility.
- The restrictions on disclosure and use in this section do not apply to communications from provider personnel to law enforcement officers which:
  - Are directly related to an individual's commission of a crime on the premises of the provider or against provider personnel or to a threat to commit such a crime; and
  - Are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.
- The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such restrictions continue to apply to the original substance abuse records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

**Court ordered disclosures:**

- Under the regulations, Part 2 programs or "any person having a legally recognized interest in the disclosure which is sought" may apply to a court for an order authorizing disclosure of protected patient information [42 CFR § 2.64]. Thus, if there is an existing threat to life or serious bodily injury, a Part 2 program or "any person having a legally recognized interest in the disclosure which is sought" can apply for a court order to disclose information.
- An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.
- An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.
- Any answer to a request for a disclosure of individual records which is not permissible under this section or under the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.
- The individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.
- Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.
- A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only

if the court finds that all of the following criteria are met:

- The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.
- There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.
- Other ways of obtaining the information are not available or would not be effective.
- The potential injury to the individual, to the physician-individual relationship, and to the ability of the facility to provide services to other individuals is outweighed by the public interest and the need for the disclosure.

**Research:** Client identifying information may be disclosed for the purpose of conducting scientific research if the Clinical Director makes a determination that the recipient of the Client identifying information:

- Is qualified to conduct the research;
- Has a research protocol under which the client identifying information:
  - Will be maintained in accordance with the security requirements of § 2.16 of these regulations (or more stringent requirements); and
  - Will not be re-disclosed except as permitted under paragraph (b) of this section;
- Has provided a satisfactory written statement that a group of three or more individuals who are independent of the research project has reviewed the protocol and determined that:
  - The rights and welfare of clients will be adequately protected;
  - The risks in disclosing patient identifying information are outweighed by the potential benefits of the research.
- A person conducting research may disclose client identifying information only back to the program from which that information was obtained and may not identify any individual client in any report of that research or otherwise disclose client identities.

**Audit and Evaluation:** If client records are not copied or removed, client identifying information may be disclosed in the course of a review of records on facility premises to any person who agrees in writing to comply with the limitations on re-disclosure and use and who:

- Performs the audit or evaluation activity on behalf of:
  - Any Federal, State, or local governmental agency which provides financial assistance to the program or is authorized by law to regulate its activities; or
  - Any private person which provides financial assistance to the facility, which is a third party payer covering clients in the program, or which is a quality improvement organization performing a utilization or quality control review; or
  - Is determined by the Clinical Director to be qualified to conduct the audit or evaluation activities.
- Records containing client identifying information may be copied or removed from program premises by any person who:
  - Agrees in writing to:
    - Maintain the client identifying information in accordance with the security requirements provided in § 2.16 of these regulations (or more stringent requirements);
    - Destroy all the client identifying information upon completion of the audit or evaluation;
    - Comply with the limitations on disclosure and use
  - Performs the audit or evaluation activity on behalf of:
    - Any Federal, State, or local governmental agency which provides financial assistance to the facility or is authorized by law to regulate its activities; or
    - Any private person which provides financial assistance to the facility, which is a third party payer covering clients in the program, or which is a quality improvement organization performing a utilization or quality control review.
- Client identifying information disclosed may be disclosed only back to the facility from which it was obtained and used only to carry out an audit or evaluation purpose or to investigate or prosecute criminal or other activities, as authorized by a court order entered under § 2.66 of these regulations.

**Immediate threats to health and/or safety:** Immediate threats to health or safety that do not involve medical emergencies or crimes on facility premises or against staff. Part 2 programs and health care providers and HIOs who have received Part 2 client information, can make reports to law enforcement about an immediate threat to the health or safety of an individual or the public *if client-identifying information is not disclosed*. Immediate threats to health or safety that do not involve a medical emergency or crimes (e.g., a fire) are not addressed in the regulations. The facility will evaluate those circumstances individually.

**Reports of child or vulnerable adult abuse and neglect:** The restrictions on disclosure do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities. However, Part 2 restrictions continue to apply to the original alcohol or drug abuse client records maintained by the facility including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect [42 CFR § 2.12(c)(6)]. Also, a court order under Part 2 may authorize disclosure of confidential communications made by a client to a facility in the course of diagnosis, treatment, or referral for treatment if, among other reasons, the disclosure is necessary to protect against an existing threat of life or of serious bodily injury, including circumstances which constitute suspected child abuse and neglect [42 CFR § 2.63(a)(1)].

### **YOUR RIGHTS CONCERNING PRIVACY**

**Access to Certain Records:** You have the right to inspect and copy your PHI in a designated record set except where State law may prohibit client access. A designated record set contains medical and billing and case management information. If we do not have your PHI record set but know who does, we will inform you how to get it. If our PHI is a copy of information maintained by another health care provider, we may direct you to request the PHI from them. If Cotler Healthcare produces copies for you, we may charge you up to \$1.00 per page up to a maximum fee of \$50.00. Should we deny your request for access to information contained in your designated record set, you have the right to ask for the denial to be reviewed by another healthcare professional designated by Cotler Healthcare.

**Amendments to Certain Records:** You have the right to request certain amendments to your PHI if for example, you believe a mistake has been made or vital piece of information is missing. Cotler Healthcare is not required to make the requested amendments and will inform you in writing of our response to your request.

**Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your PHI that were made by Cotler Healthcare for a

**Client Name:** Test PatientAB      **DOB:** 09/11/1950      **Facility:** Happy Home N&R      **Room #:** 317

period of six (6) years prior to the date of your written request. This accounting does not include for purposes of treatment, payment, health care operations or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health purposes or in response to a subpoena or court order.

**Restrictions:** You have the right to request that we agree to restrictions on certain uses and disclosures of your PHI but we are not required to agree to your request. You cannot place limits on uses and disclosures that we are legally required or allowed to make.

**Revoke Authorizations:** You have the right to revoke any authorizations you have provided, except to the extent that Cotler Healthcare has already relied upon the prior authorization.

**Delivery by Alternate Means or Alternate Address:** You have the right to request that we send your PHI by alternate means or to an alternate address.

**Complaints & How to contact us:** If you believe your privacy rights have been violated, you have the right to file a complaint by contacting Cotler Healthcare at the address and/or phone number indicated below. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services in Washington, D.C. Cotler Healthcare will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated, you may make a complaint by contacting compliance officer at 561-790-1191 or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

The U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201; Toll Free: 1-877-696-6775

**Cotler clinician (provider of services) accepts assignment. The client will be responsible for any amount not covered by insurance.**

Yes Client understands his/her responsibility

No Financially able to make co-payment (if any)

**RESTRICTION REQUEST**

**I request a restriction on the Use or Disclosure of my following information:** Yes      **If yes, explain:**

Client prefers his that his care is not discussed with his son, but is open to therapist holding clinical conversations with his wife or either of his daughters.

**SIGNATURE**

**I acknowledge that I may request to receive a copy of this notice regarding the use and disclosure of my health information.**

*Mr. Test Patient AB*

Mr. Test PatientAB

01/03/2020

Resident or Empowered Representative

Signature

Date

Witness (if resident physically unable to sign)

Title

Phone:

Signature

Date