# Children & Family Services

**Children & Family Services**

**Child Protective Services Intervention** — in-home protective supervision for children in Osceola, Polk and Hillsborough Counties referred by child protective service investigators.

**Family Diversions/Preservation Program** — home and intervention services to families at risk of having their children removed from the home.

**Family Skill Builders** — a short-term, high-intensity parenting and home-care skills teaching program to prevent the risk of having their children removed from the home due to neglect or abuse.

**Community Care for Disabled Adults** — case management and homemaker services to help individuals with catastrophic disabilities to remain in their community.

**Community Care for the Elderly** — case management coordination to enable frail and functionally impaired elders to remain in their homes and avoid a delayed placement in a nursing home.

**Elderly Counseling Services** — for persons 60 years of age or older in Pinellas or Pasco County who would benefit from geriatric mental health counseling services.

**EGRET Housing** — apartment complexes for low-income disabled adults in New Port Richey.

**Myrie Oaks** — apartment complexes for low-income elderly located in northeast Tampa.

**Hammender Services for Elderly & Disabled** — assists with homemaker services for disabled individuals 18 and over.

**Employment Services**

**Non-Custodial Parent Employment Program (NCPEP)** — assists unemployed and underemployed non-custodial parents to establish a pattern of regular child-support payments by obtaining and maintaining unsubsidized, competitive employment.

**Rehabilitation Services** — improving the quality of life for individuals with serious mental illness.

**Medical Professional Recertification & Employment Program (MPREP)** — facilitates eligibility for medical professionals with licensing and employment.

**Family Support Services** — emergency assistance in meeting basic human needs for the Jewish community in Pinellas and Pasco counties.

**Jewish Family Services** — support groups, social events and religious holiday celebrations.

**Mental Health Services**

**Residential Programs & Treatment Centers**

**Adele Gilbert Residential Treatment Facility** — residential treatment program in Pinellas County for chronically mentally ill adults who also may have co-occurring substance abuse issues.

**Adult Residential Treatment and Stabilization Program (ARTAS)** — residential treatment program for adults 60 years of age or older with severe and persistent mental illness.

**Extended Geriatric Residential Treatment System (E-GRTS)** — intensive residential program for seniors 60 years of age and older with severe and persistent mental illness.

**Geriatric Counseling Services**

**Brief Intervention & Treatment for Elders (BRITE)** — intensive services for adults 55 and older in Pinellas and Pasco Counties who might be at high risk of medication misuse and/or alcohol abuse.

**Adults Ed Program** — substance abuse education programming focusing on the prevention of alcohol abuse and medication mismanagement among the elderly.

**Extended Geriatric Residential Treatment System (E-GRTS)** — intensive residential program for seniors 60 years of age and older with severe and persistent mental illness.

**Outpatient Counseling Services** — individual, child, adolescent, family, couples, and marriage counseling available to the entire community.

**Refugee Services**

**Florida Center for Survivors of Torture (FCT)** — treatment center for survivors of torture and extreme trauma.

**National Partnership for Community Training (NPCF)** — establishes technical assistance and training programs helping service providers throughout the state to effectively provide services to survivors in their community.

**Refugee Youth Services** — academic and socialization assistance to newly arriving refugees to improve their overall adjustment to life in the United States.

**Young Adult Transitional Program** — provides support and assistance to young adults who have never experienced institutional or behavioral difficulties in making a successful transition to adulthood.

**VOICE Program** — professional spoken language interpreters for individuals with limited English proficiency.
NOTICE OF PRIVACY PRACTICES
Revised December 1, 2011
Revised September 17, 2013
This right applies to disclosures for purposes other than treatment, payment or for healthcare operations as described in this Notice of Privacy Practices. We may change the terms of our Notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by contacting our Client Records Coordinator. You may request that a revised copy be sent to you for one at the time of your next appointment.

Information provided in this Notice is based on Federal Regulations 42 CFR, Part 2 and 45 CFR Parts 160 through 164 and Florida Statutes 397 and 381. Copies of this Notice of Privacy Practices are available at all Gulf Coast Jewish Family & Community Services (GCJFCS) locations.

If you have any questions please contact our Client Records Coordinator at the following address or phone number:
Client Records Coordinator
1401 Icot Boulevard
Clearwater, Florida 33766
727-479-1800 ext. 3034

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.

YOUR RIGHTS
Right to Inspect and copy your protected health information: You may inspect and obtain copies of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that Gulf Coast Jewish Family & Community Services (GCJFCS) uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding or health care operations as described in this Notice of Privacy Practices. If you request a copy of your psychotherapy notes, we may charge a fee. If there are psychotherapy notes you may not have access to, you may request a summary of your record from your therapist.

Right to Request a Restriction of Protected Health Information: You have the right to ask us not to use or disclose any of your protected health information for purposes of treatment, payment or healthcare operations. We are not required to agree to your request, but if we agree, we will abide by your request for as long as you maintain your protected health information. If we agree to your request, we will have the right to restate to you that the restriction cannot be made to the extent that the use or disclosure is required by law. If we deny your request, you will be informed of your right to file a complaint with the U.S. Department of Health and Human Services or with our organization's privacy officer.

Right to Request Reconsideration of Denial: If you feel that we have incorrectly disclosed information about you, you may request a review of our denial. We may request that you and your provider participate in an impartial review process. We will respond to your request and notify you of the results within 60 days of receipt of your request.

Right to Amend Protected Health Information: You have the right to request that we amend any written health information we have about you. We may deny your request if the information is accurate, complete, and was made in the course of providing healthcare services to you. We may also deny your request if the information was lawfully obtained in the course of providing healthcare services to you.

Right to Request Accounting of Certain Disclosures: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It includes disclosures we may have made with your authorization to you, family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2005. The right to receive an accounting of disclosures is subject to certain exceptions, restrictions and limitations. You must submit any request for an accounting of disclosures in writing to our Client Records Coordinator. We may charge you a fee for the cost of providing the accounting.

Right to an Electronic Copy of Electronic Records: If your Protected Health Information is kept in an electronic format, you have the right to request your Protected Health Information be transmitted in an electronic format to you or another entity. If an electronic format is not available, producible, GCJFCS will supply a hard copy to satisfy your request. We may charge you a minimal processing fee.

Right to privacy breach notification: You have a right to receive notifications whenever a breach of unsecured protected health information occurs. GCJFCS will be required to notify members of any breaches of unsecured PHI. Generally a breach is defined as unauthorized acquisition, access, use or disclosure of Protected Health Information which compromises the security or privacy of such information. Security and privacy are considered compromised when the disclosure poses a significant risk of financial, reputational or other harm to the member.

A Paper Copy of This Notice. You have the right to receive a paper copy of this notice upon request. GCJFCS will provide a notice to the individual no later than the date of first service delivery, and a copy will be provided to you annually and at the time of any updates to Notice of Privacy Practices.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
Your protected health information may be used and disclosed by the agency clinical and administrative staff, and others outside of our agency that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed, as needed, to obtain payment for health care services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Right to Request Restrictions: You may use or disclose, as needed, your protected health information in order to support the business activities of Gulf Coast Jewish Family & Community Services (GCJFCS). These activities include, but are not limited to, quality assessment activities, employee review activities, or licensing. We will share your protected health information with third party “business associates” that perform various activities (e.g., transcription services) for the organization. Whenever an arrangement between our organization and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician/care worker or Gulf Coast Jewish Family & Community Services (GCJFCS) has taken an action relying on the use or disclosure indicated in the authorization. You have the right to agree or object to the use or disclosure of all or part of your protected health information. Business Associates are required to maintain Protected Health Information to minimum necessary and require safeguarding your health information with the same standards as that of GCJFCS.

OTHER USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT
We may use or disclose, as needed, your protected health information without your authorization in the following situations:

Disclosure for workers’ compensation as required by law.

Military and national security. If you are a member of the armed forces, we may release medical information about you as required by law.

Uses and disclosures of your protected health information may also be made as required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician/care worker or Gulf Coast Jewish Family & Community Services (GCJFCS) has taken an action relying on the use or disclosure indicated in the authorization. The disclosure is made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician/care worker or Gulf Coast Jewish Family & Community Services (GCJFCS) has taken an action relying on the use or disclosure indicated in the authorization.

Disclosure to make medical personnel in a medical emergency.

Disclosure to qualified personnel and grantees for research, or for program audit or program evaluation including peer review and utilization reviews of client records.

Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician/care worker or Gulf Coast Jewish Family & Community Services (GCJFCS) has taken an action relying on the use or disclosure indicated in the authorization.

Disclosure to the Department of Food and Drug Administration (FDA) when the FDA determines that an error in packaging or manufacturing a drug that is used in alcohol or drug treatment may endanger your health.

To the Coroner/Medical Examiner.

To avert a serious threat to health or safety (Court Order required for 42 CFR Part 2).

Your private health information will be used, as needed, in order to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to inform or determine our compliance with the requirements of The Health Insurance Portability and Accountability Act (HIPAA) Section 164.500 et seq.

Military and national security. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also disclose your PHI for reasons of national security.

Disclosure for workers’ compensation as required by law.

COMPLAINTS
You may file a complaint to our office by sending a letter addressed to: Gulf Coast Jewish Family & Community Services (GCJFCS), Attn: Client Records Coordinator, 14041 Icot Boulevard, Clearwater, Florida 33760. We will not retaliate against you for filing a complaint.

You may also file complaints with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20220. If you believe your privacy rights have been violated by us. Services are provided without any discrimination in compliance with the Americans with Disability Act (ADA). We provide reasonable accommodations to all those with a disability as defined under the ADA.
NOTICE OF PRIVACY PRACTICES
Effective October 1, 2002
Revised December 1, 2011
Revised September 17, 2013

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you, which is called "Protected Health Information" or "PHI." PHI includes information written or recorded on any medium or in any format that relates to your past, present, or future physical or mental health or past, present, or future payment for the provision of health care to you. This Notice of Privacy Practices describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS
Right to inspect and copy your protected health information: You may inspect and obtain copies of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that Gulf Coast Jewish Family & Community Services (GCJFCS) uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding, including audits and utilization reviews, and information that you are not authorized to inspect or copy for reasons of national security.

Right to Request a Restriction of Protected Health Information: You have the right to request, and we will consider, that we restrict the use and disclosure of your protected health information for treatment, payment, or health care operations to a particular health plan. You may request that we not disclose your protected health information to family, friends, or any other person who may be involved in your care or payment for your care.

Right to Amend Protected Health Information: You have the right to request an amendment of protected health information about you in a designated record set for as long as we maintain this information. If we agree to the amendment, we will make the amendment to the designated record set and inform any person to whom such information was previously disclosed of the amendment. If we disagree to the amendment, we will provide you with a detailed explanation of the denial. You also have the right to receive a copy of the Notice following any amendment made to the information.

Right to Request a Copy of Electronic Records: If your Protected Health Information is kept in an electronic format, you have the right to request your Protected Health Information be transmitted in an electronic format to you or to another entity. If an electronic format is not available, producible, GCJFCS will supply a hard copy to satisfy your request. We may charge you a minimal processing fee.

Right to privacy breach notification: You have a right to receive notifications whenever a breach of unsecured protected health information occurs. GCJFCS will be required to notify members of any breaches of unsecured PHL. Generally a breach is defined as unauthorized acquisition, access, use or disclosure of Protected Health Information which compromises the security or privacy of such information. Security and privacy are considered compromised when the disclosure poses a significant risk of financial, reputational or other harm to the member.

A Paper Copy of This Notice. You have the right to receive a paper copy of this notice upon request. GCJFCS will provide a notice to the individual requesting the copy within 30 days of the date of first service delivery, and a copy will be provided to you annually and at the time of any updates to Notice of Privacy Practices.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
Your protected health information may be used and disclosed by the agency clinical and administrative staff, and others outside of our agency that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed by GCJFCS for other purposes that are permitted or required by law, including for purposes of ensuring the quality of health care services, and for other purposes that are necessary to achieve the objectives of this Notice of Privacy Practices. The following is a list of our uses and disclosures of your protected health information. This list includes only those purposes that may result in the use or disclosure of your protected health information.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information to your employer or your health plan, necessary to, a hospital or agency that provides treatment or care to you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan (including Medicare and Medicaid) may undertake before it approves or pays for the health care services we recommend or before it authorizes the use of additional services for billings purposes to ensure you receive the benefits of those services provided to you for medical necessity, or undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of Gulf Coast Jewish Family & Community Services (GCJFCS). These activities include, but are not limited to, quality assessment activities, employee review activities, or licensing. We will share your protected health information with third party “business associates” that perform various activities (e.g., transcription services) for the organization. When managing and overseeing an organization, a business associate and the organization act as business associates, and the use or disclosure of protected health information will be made consistent with this Notice of Privacy Practices.

Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your clinic/case worker or Gulf Coast Jewish Family & Community Services (GCJFCS) has taken an action relying on the use or disclosure indicated in the authorization. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Business Associates are required to maintain Protected Health Information to minimum necessary and require safeguarding your health information with the same standards as that of GCJFCS.

OTHER USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT
We may use or disclose your protected health information without your authorization in the following situations:

The disclosure is made by medical personnel, in emergency situations, or on behalf of a patient to save life or limb.

The disclosure is made to qualified personnel and grantees for research, or for program audit or program evaluation including peer review and performance improvement activities.

The information disclosed relates to a report of child or elder abuse and/or neglect. Gulf Coast Jewish Family & Community Services (GCJFCS) employees are required by law to report to the proper authorities any abuse or neglect incident that may be disclosed to staff. This report is made anonymously to the State of Florida.

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This report is made to authorized agents employed by a client or upon a client either in the program or against any person employed by Gulf Coast Jewish Family & Community Services (GCJFCS) including threats to commit suicide.

The information disclosed relates to state required reporting of communicable diseases.

The disclosure is to the Department of Food and Drug Administration (FDA) when the FDA determines that an error in packaging or manufacturing a drug that is being used in alcohol or drug treatment may endanger your health.

To the Coroners/Medical Examiner.

To avert a serious threat to health or safety (Court Order required for 42 CFR Part 2).

The disclosure is for decedent family or friends or others involved in your care, or for notification purposes.

To avert a serious threat to health or safety (Court Order required for 42 CFR Part 2).

If you or your personal representative, agent, or any person authorized to access your protected health information, request a copy of the Notice of Privacy Practices, GCJFCS will provide a copy to you without charge.

COMPLAINTS
You may file a complaint to our office by sending a letter addressed to: Gulf Coast Jewish Family & Community Services (GCJFCS), Attn: Client Records Coordinator, 14041 Icot Boulevard, Clearwater, Florida 33760. We will not retaliate against you for filing a complaint.

You may also file complaints with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201, if you believe your privacy rights have been violated by us.

Services are provided without any discrimination in compliance with the Americans with Disability Act (ADA). We provide reasonable accommodations to all those with a disability as defined under the ADA.
**Children & Family Services**

**Residential Programs & Treatment Centers**

- **Adel Gilbert Residential Treatment Facility** – residential treatment program in Pasco County, for chronically mentally ill adults who also may have co-occurring substance abuse issues.
- **Extended Geriatric Residential Treatment System** (E-GRTS) – intensive residential program for seniors 50 years of age or older with severe and persistent mental illness.

**Individual Support Programs**

- **Refugee Youth Services** – services for newly arriving refugee youth to improve their academic and acculturation education.

**Geriatric Counseling Services**

- **Extended Geriatric Residential Treatment System** (E-GRTS) – intensive residential program for seniors 50 years of age or older with severe and persistent mental illness.

**Refugee Services**

- **Florida Center for Survivors of Torture (FCST)** – treatment center for survivors of torture and extreme trauma.
- **Refugee Youth Services** – academic and socialization counseling to newly arriving refugee youth to improve their overall adjustment to life in the United States.

**Employment Services**

- **Brief Intervention & Treatment for Elders (BRITE)** – assists present and former welfare recipients having difficulty securing or maintaining employment due to mental health or substance abuse issues.

**Jewish Family Services**

- **Family Support Services** – emergency assistance in meeting basic human needs for the Jewish community in Pinellas and Pasco counties.

**Mental Health Services**

- **Alcohol Family Program** – supports foster homes for adults in senior wheelchairs.

**Individual Support Programs**

- **Refugee Youth Services** – services for newly arriving refugee youth to improve their academic and acculturation education.

**Geriatric Counseling Services**

- **Extended Geriatric Residential Treatment System** (E-GRTS) – intensive residential program for seniors 50 years of age or older with severe and persistent mental illness.

**Refugee Services**

- **Florida Center for Survivors of Torture (FCST)** – treatment center for survivors of torture and extreme trauma.
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**Employment Services**

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