

**Notice of Privacy Practices**  
**Under the Health Information Portability & Accountability Act**  
**H.I.P.A.A.**

The effective date of this Notice of Privacy Practices is October 7, 2013

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

As a part of our services, we maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. "Protected health information" (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to you past, present, or future physical or mental health or condition, the provision of health care services, or the past, present, or future payment for the provision of health care. The confidentiality of alcohol and drug abuse patient records is also specifically subject to additional restrictions under other state and federal law. We are required to comply with these additional restrictions and more information on these restrictions can be found for your state on the internet.

**Your Rights Regarding Your PHI:** The following are your rights regarding PHI that we maintain about you:

The right, as provided by the Privacy Rule at 45 C.F.R. 164.522 (a), to request restrictions on certain uses and disclosures of protected health information to carry out treatment, payment, or health care operations and on certain disclosures to family members, other relatives, or close personal friends, which are permitted by the Privacy Rule at 45 C.F.R 164.510 (b)

- **Rights of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Right to an Accounting or Disclosures.** You have the right to request a copy of the required account of disclosures that we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of you PHI for treatment, payment, or health care operations. WE are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with us or with the Secretary of Health and Human Services if you believe we have violated your privacy rights. *We will not retaliate against you for filing a complaint.* You may find how to file a complaint on the website for the Department of Health and Human Services.

**Our Uses and Disclosures of PHI for Treatment, Payment, and Healthcare Operations:**

**Treatment:** We may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, we may disclose your PHI to other of you current providers. We may also disclose your PHI to other health care providers who become involved in your care.

**Payments:** We may use your PHI in connections with billing statements we send you and our system for tracking charges and credit to your account. In addition, but with your authorization, we may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and medical necessity and utilization reviews.

**Health Care Operations:** We may use and disclose your PHI for the health care operations of our program in support of the functions of treatment and payment. Such disclosure would be to a Qualified Organization only or to a Business Associate/QSO (Qualified Service Organization) to provide services to the program and its patients for data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting. Or other professional services, or services to prevent or treat child abuse or neglect.

**Uses and Disclosures That DO Not Require Your Authorization or Opportunity to Object: The right to receive confidential communications of protected health information from the covered entity by alternative means or at alternative locations as provided by the Privacy Rule 45 C.F.R 164.522 (b). The right of access to inspect and copy his/her protected health information as provided by the Privacy Rule at 45 C.F.R. 164.524. The right to amend his/her protected health information as provided by the Privacy Rule at 45 C.F.R. 164.526. The right to receive an accounting of disclosures of protected health information as provided by the Privacy Rule at 45 C.F.R. 164.526.**

**Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. For example, we must make disclosures to the Secretary of the Department of Health and Human Services of the purpose of investigating or determining our compliance with the requirement of the Privacy Rule.

**Audit and Evaluation:** We may disclose your PHI to a health oversight agency for activated authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your PHI.

**Medical Emergencies:** We may use or disclose your PH in a medical emergency situation to medical personnel only.

**Child Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

**Research:** We may disclose your PHI for use in a research project that an institutional review board has determined to be of sufficient importance to outweigh the privacy intrusion, to be impractical without PHT, to have specified safeguards against further disclosure in reports or otherwise, and, among other provisions, to require destruction or de-identification of your PHI.

**Criminal Activity on Program Premises/Against Program Personnel:** We may disclose your PHI to law enforcement official if you have committed a crime on program premises or against program personnel or you have made a threat to commit such crimes. Such disclosure is limited to circumstance of the incident, including name, address, status as a patient, and last know whereabouts.

**Qualified Service Organization:** We may disclose your PHI to a Qualified Service Organization to provide certain services to the program and its patients, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy. IF a QSO has more than will be utilized, otherwise only a Qualified Service Organization Agreement will be used. In the case the services is from a health care provider performing service to treat you, a business Associate Agreement will not be utilized because you will have a direct patient-provider relationship.

**Court Order:** We may disclose your PHI if a court of competent jurisdiction issues an appropriate order.

**Uses and Disclosures of PHI With Your Written Authorization:**

We will make other uses and disclosures of your PHI only with your written authorization. You may revoke the authorization in writing at any time, unless we have taken a substantial action in reliance on the authorization such as providing you with health care services for which we much submit subsequent claim(s) for payment.

I have read and understand the HIPAA policies and understand that I can receive a copy if requested.

\_\_\_\_\_  
Signature of Patient      Date

\_\_\_\_\_  
Witness                      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Witness                      Date