



Notice of Privacy Practices

Identifying Information

Client Name: _____

M.R.#: _____

Pt. Acct. #: _____

D.O.B.: _____

Admission Date: _____

Program: _____

Description

THIS NOTICE IS REQUIRED BY FEDERAL LAW. IT DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice or want additional information, please call the Privacy Contact at 1-800-25-PEACE, extension 7447.

Purpose

We are required by State and Federal law to maintain the confidentiality and privacy of your protected health information and to give you this Notice of our legal duties and privacy practices about your protected health information. "Protected health information" is information about you that may identify you. It may be information related to your past, present or future, physical or mental health condition. It may also be information about related health care services. This Notice describes how we may use and release your protected health information to carry out treatment, payment or our daily business functions as a health care provider, and for other purposes that are permitted or required by law. It also describes your rights to access and control over your protected health information.

We are required to follow the terms of this Notice, which is effective April 14, 2003. We reserve the right to change the terms of our Notice, at any time. The changed Notice will be effective for all protected health information that we maintain at that time and for information we receive in the future. We will post a current copy of the policy and we have copies of our current policy available each time you are here for health care services. We will also provide you with any revised Notice of Privacy Practices upon a request made by you by phone, in person, in writing, or via our website www.kidspeace.org

Uses and Disclosures of Protected Health Information

We are permitted by State and Federal law to use and release your protected health information to our staff and professionals, for treatment, payment and other health care operations of the Agency. Necessary parts or summaries of your protected health information may be used and released to those actively treating you or to persons at other licensed facilities when you are referred to that facility. For clients receiving substance abuse treatment: Whenever information is release to an outside agency or service provider, a written informed client consent must be completed prior to disclosure of any client-specific information. Exceptions would include specific instances of life-threatening medical emergencies, reporting of suspected child abuse, crimes or threat of crimes on the property or against facility staff, audit and evaluation, or an order by the court of common pleas or higher court, and a subpoena. This is done when part of the record is needed to provide for continuing proper care and treatment. Your protected health information may also be used and released to your insurance company to pay your health care bills provided that the information is limited to staff names, dates, types and cost of therapies or services, and a short description of the general purpose of each treatment session or service. We may also use your protected health information to assist in the business operations of KidsPeace.

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Treatment: We will use and release your protected health information to provide, coordinate, or manage your health care and any related services. For example, we may release your protected health information to:

psychiatrists, psychologists, social workers, mental health professionals, or other KidsPeace staff who are helping to care for you
members of the community who participate in meetings with KidsPeace that are required for behavioral health services for children, with your permission

Permitted and Required Uses and Disclosures That May Be Made Without Your Consent or Authorization

In certain circumstances, we may use or release your protected health information without your consent or authorization. These situations include, but are not limited to, the following:

Required by Law: We may use or release your protected health information if and when we are required by federal, or state law. You will be notified, if required by law, of any such uses or disclosures.

Abuse or Neglect: We may release your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may release your protected health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable state laws.

Duty to Warn: If, during the course of treatment, our staff receive information from you indicating a clear and immediate threat against an identifiable third party, we have a Duty to Warn or otherwise protect the individual(s) by communicating the threat to them.

Health Oversight: We may release protected health information to the Department of Public Welfare for overseeing health care activities through audits, investigations, inspections and licensure. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Emergencies: We may use or release your protected health information in an emergency treatment situation when use and disclosure of the protected health information is medically necessary to prevent serious risk of bodily harm or death. Only specific information, which is needed to treat the emergency, may be released without your authorization.

Legal Proceedings: We may release protected health information in the course of any judicial proceeding, in response to an order of a court or administrative tribunal (but only the protected health information expressly authorized by such order.) For clients receiving substance abuse treatment, disclosures can be made only with a court order from the court of common pleas or higher court, and a subpoena. Disclosure by an administrative tribunal is not permitted.

Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996, which protects the privacy of your healthcare information.

Communicable diseases: We are required to report communicable diseases to proper State agencies.

Uses and Disclosures of Protected Health Information Based On Your Written Authorization

Other uses and disclosures of your protected health information not covered by this Notice or by laws that apply to us will be made only with your written authorization. You may revoke this authorization, at any time, in writing. If you revoke this authorization, we will no longer use or release your protected health information for the reasons covered by the authorization. However, we cannot undo any disclosures we have already made with your authorization and are required to retain our records of the care that we provided to you.

Your Rights Regarding Your Protected Health Information

You have the following rights with respect to your protected health information and a brief description of how you may exercise these rights.

You Have the Right to Request Restrictions: You have the right to request that we not share certain parts of your protected health information we use or release about you for treatment, payment or healthcare operations. You may also request that we limit the protected health information we release to family members or friends who may be involved in your care or for the payment for your care. For example, you could ask that we not use or release information about a test that you had.

However, we are not required to agree to a restriction that you may request (unless specified under federal or state law). If we agree to the requested restriction, we may not use or release your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with our **Privacy Contact**. You may request a restriction by making your request in writing, including (a) what protected health information you want to limit; (b) whether you want us to limit our use, disclosure or both; and (c) who shouldn't be given the information (e.g., disclosures to parents, foster parents, etc.).

Right to Request Confidential Communication: You have the right to request to receive confidential communications from us at a specific address or in a specific way. For example, you can ask that we only contact you at home or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for an alternative address or other method of contact. We will not request an explanation from you as to the reason for the request. Please make this request **in writing to our Privacy Contact** specifying how or where you wish to be contacted.

Right to Inspect and Copy: You have the right to inspect and obtain a copy 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 we use for making decisions about your care. To inspect and copy protected health information, submit your request **in writing to our Privacy Contact**. If you

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