



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 7071.

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.

Below are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. Please be aware that not every use or disclosure is listed.

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
- county officials who are permitted to participate and contribute to your care
- consultation with another provider or your referral to another provider
- different departments of KidsPeace may share protected health information about you in order to coordinate the various services you need, such as prescriptions or lab work

In addition, if you participate in a group therapy program, other clients/patients may observe or become aware of protected health information regarding you.

Please note that any client that is receiving substance abuse treatment is subject to State and Federal confidentiality laws governing drug and alcohol programs. An individual cannot be identified as having participated in treatment without his or her valid, written consent.

Payment: Your protected health information will be used to obtain approval for and payment of your health care services. This may include making a determination of eligibility or coverage of benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. **For example, obtaining approval for behavioral health services for children requires that relevant protected health information may be released to state and county officials in order to obtain prior approval for services.**

Health Care Operations: We may use or release your protected health information as needed in order to support our operations. These activities include, but are not limited to, quality assessment activities, employee review activities, personnel training programs, licensing, case management and care coordination, auditing, and other Agency business functions. For example, we may release your protected health information to:

- State licensure and other reviewers and inspectors, Federal Authorities, and other accreditation organizations
- parents or guardians and others when necessary to obtain consent to medical treatment
- use a sign-in sheet at the registration desk or may call you by name in the waiting room
- contact you to remind you of your appointment
- business and clinical development such as conducting cost management and planning as well as related analyses
- a court when production of the documents is ordered by a court.

Finally, we will share your protected health information with “business associates” that perform various activities involving protected health information (e.g., billing, transcription services, auditors) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract with our business associates that contain terms that will protect the privacy of your protected health information.

Other Permitted and Required Uses and Disclosures

Others Involved in your Healthcare: With your valid consent, we may release to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. With your valid consent, we may use or release protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally we may use or release your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Marketing: KidsPeace, as a children’s charity, may use demographic (but not clinical) information for our own charitable and fund raising purposes. You have the right to request to receive information about fundraising, charitable opportunities, services, promotions, special events, and general marketing material at a specific address or specific way. Marketing efforts are done by KidsPeace employees.

Aggregated information may be used for research, outcomes, and healthcare statistical analyses, but information will be de-identified.

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 request a copy of the information, we may charge a fee for the costs of copying, mailing, or other related costs. We may deny your request to inspect and copy in certain limited circumstances. Under federal law, for example, you may not inspect or copy the following records: psychotherapy notes, information gathered in preparation of, or use in, a civil, criminal or administrative action or proceeding. Federal and State law permits us to deny your request to inspect and copy if the protected health information was obtained from someone under a promise of confidentiality. **Finally, the law permits us to deny access upon documentation by the treatment leader that disclosure of specific information will constitute a substantial detriment to patient's treatment.** Depending on the circumstances, a decision to deny access may be reviewed by a licensed healthcare professional at our facility who was not involved in the original denial to access or copy. For clients receiving substance abuse treatment, your rights are as follows: (1) a client has the right to inspect his own records. The program director may temporarily remove portions of the records prior to the inspection by the client if the director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented and kept on file; (2) the client has the right to appeal a decision limiting access to his records to the program director; (3) the client has the right to request the correction of inaccurate, irrelevant, outdated or incomplete information from his records; (4) the client has the right to submit rebuttal data or memoranda to his own records. Please contact our **Privacy Contact** if you have questions about access to your medical record.

You May Have the Right to Amend: If you believe we have protected health information about you that is incorrect or misleading, you may prepare a statement for inclusion as part of your record. Your statement shall be sent with all released records. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a response to your statement and will provide you with a copy of any such response. Please contact our **Privacy Contact** if you have questions about amending your medical record.

Right to Receive an Accounting (written record) of Disclosures: You have the right to an accounting of disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It does not include disclosures we may have made to you, to 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, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice, upon request, even if you have agreed to accept this notice electronically. To obtain a paper copy, contact our **Privacy Contact** at **1-800-25-PEACE**, extension **7071**. You may also obtain an electronic copy of this Notice at our website **kidspeace.org**

Client Name: _____

MR#: _____

Complaints

You may contact our Privacy Contact, **by phone at 1-800-25-PEACE**, extension **7071**, or **by e-mail at privacy@kidspeace.org** for further information about the complaint process. We are required by law to inform you that we will not retaliate against you for filing a complaint.

Complaints or clarification may also be directed to the Privacy/Compliance Officer **by phone at 1-800-25-PEACE**, extension **7071**, or **by e-mail at compliance@kidspeace.org**.

Our mailing address for complaints is 5300 KidsPeace Dr. Orefield, PA 18069.

If you believe we have violated your privacy rights, you may complain to us or to the Secretary of Health and Human Services, or the Department of Public Welfare. You may file a complaint with us by notifying our **Privacy Contact** of your complaint.

Acknowledgement of Receipt

I hereby acknowledge receipt of this Notice of Privacy.

Client Name (please print)

Client Signature

Date

Parent/Legal Guardian/Authorized Representative
(please print)

Parent/Legal Guardian/Authorized Representative
Signature

Date

Witness (please print)

Witness Signature

Date