

# CHRISTIAN FAMILY SERVICES, INC.

## HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/03

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

If you have any questions about this notice, please contact the Executive Director.

### WHO WILL FOLLOW THIS NOTICE.

This notice describes our agency's practices and that of:

- Any member of the staff authorized to enter information into your file.
- All departments and units of the agency.
- Any member of a volunteer group that is involved with child placement.
- All employees, staff and other agency personnel.
- Insurance companies, Child Placing agencies and Counseling agencies. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share information with each other for treatment, payment or agency operation described in this notice.

### OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We understand that information about you and your case is personal. We are committed to protecting information about you. We create a record of the care and services you receive at the agency. We need this record to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the records of your case generated by the agency, whether made by staff or other agencies we are working with (ie. Insurance companies, Child Placing agencies and Counseling agencies).

This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

We are required by law to:

- Make sure that protected health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment, Care or Services.** We may use protected health information about you to provide you with counseling treatment or services, foster care services, maternity counseling services, and adoption services. We may disclose information about you to counselors, interns, social workers, foster families, attorneys, or other agency staff who are involved in your case. For example, any staff member may help schedule your appointment, the bookkeeper will process your billing or insurance claims, counselors will participate in supervision, foster families will need childcare information. We also may disclose information about you to people outside the agency who may be involved in your case such as Child Placing agencies, ministers or others mentioned above.
- **For Payment.** We may use and disclose protected health information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at the agency so your health plan will pay us or reimburse you for the services. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Agency Operations.** We may use and disclose protected health information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you or your children. We may also combine information

about many clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments or programs are effective. We may also disclose information to counselors, interns, social workers and other agency personnel for review and learning purposes. We may also combine the information we have with information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of information so others may use it to study mental health care and delivery without learning who the specific clients are.

- **Appointment Reminders.** We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or care at the agency.
- **Treatment or Program Alternatives.** We may use and disclose protected health information to tell you about or recommend possible treatment or program options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose information to tell you about health-related benefits or services that may be of interest to you.
- **As Required By Law.** We will disclose protected health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Risks.** We may disclose protected health information about you for public health activities. These activities generally include the following:
  - To prevent or control injury or disability;
  - To report births and deaths;
  - To report the abuse or neglect of children, elders and dependent adults;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release protected health information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the agency; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

#### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes billing records.

To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the Office Staff. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to this information, you may request that the denial be reviewed. Another licensed professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency.

To request an amendment, your request must be made in writing and submitted to the Office Staff. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we make of protected health information about you other than our own uses for treatment, payment and agency operations, as those functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to the Office Staff. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or agency operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your case or the payment for your case, like a family member or friend. For example, you could ask that we not use or disclose information about appointment times.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Office Staff. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about agency matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Office Staff. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.CFServe.org](http://www.CFServe.org).

To obtain a paper copy of this notice, you may request this from the Office Staff.

#### CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, in the top right hand corner, the effective date.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact the Executive Director at (314-968-2216). All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

#### OTHER USES OF PROTECTED HEALTH INFORMATION.

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.