



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR CHILD'S MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Center is required by law to provide you with this Notice so that you will understand how we may use or share your child's information from the Client Book. The Client Book includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this notice, please contact admin@harwoodcenter.org

UNDERSTANDING YOUR CHILD'S HEALTH RECORD AND INFORMATION

Each time you are admitted to our Center, a record of your child's stay is made containing health and financial information. Typically, this record contains information about your child's condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan of your child's care and treatment
- communicate with other health professionals involved in your child's care
- document the care your child's child receives
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your child's record and how your child's health information is used helps you to:

- ensure it is accurate
- better understand who may access your child's health information
- make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOUR CHILD

The following categories describe the ways that we use and disclose health information. 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 into one of the categories.

- For Treatment. We may use or disclose health information about your child to provide your child with medical treatment. We may disclose health information about your child to doctors, nurses, therapists or other Center personnel who are involved in taking care of your child at a Center. For example, a doctor treating your child for a broken leg may need to know if your child has diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if your child has diabetes so that we can plan your child's meals. Different departments of a Center also may share health information about you in order to coordinate your child's care and provide you medication, lab work and x-rays. We may also disclose health information about your child to people outside the Center who may be involved in your child's medical care after your child leaves the Center. This may include

family members or visiting nurses to provide care in your child's home.

- **For Payment.** We may use and disclose health information about your child so that the treatment and services your child receives at the Center may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your child's health plan about services provided to you. We may also tell your child's health plan about a treatment you are going to receive to obtain prior approval or to determine whether your child's plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all parent or his/her legal guardians receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about the parent or his/her legal guardians to help determine what additional services should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about your child may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your child's health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your child's health information may be used and disclosed for the business management and general activities of the Center including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Center. In limited circumstances, we may disclose your child's health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of parent or his/her legal guardian s. We may disclose your child's age, birth date and general information about you in the Center newsletter, on activities calendars, and to entities in the community that wish to acknowledge your child's birthday or commemorate your child's achievements on special occasions. If you are receiving therapy services, we may post your child's photograph and general information about your child's progress.

OTHER ALLOWABLE USES OF YOUR CHILD'S HEALTH INFORMATION

- **Business Associates.** There are some services provided in our Center through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your child's health record. When these services are contracted, we may disclose your child's health information so that they can perform the job we've asked them to do and bill you or your child's third-party payer for services rendered. To protect your child's health information, however, we require the business associate to appropriately safeguard your child's information.
- **Providers.** Many services provided to you, as part of your child's care at our Center, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g., MD, DO, Podiatrist, Dentist, Optometrist), therapists (e.g., Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSWs, and suppliers (e.g., prosthetic, orthotics).
- **Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities.** We may use health information about your child to contact you in an effort to raise money as part of a fundraising effort. We may disclose health information to a foundation related to the Center so that the foundation may contact you in raising money for the Center. We will only release contact information, such as your child's name, address and phone number and the dates you received treatment or services at the Center.
- **Center Directory.** We may include information about your child in the Center directory while you are a parent or his/her legal guardian. This information may include your child's name, location in the Center, your child's general condition (e.g., fair, stable, etc.) and your child's religion. The directory information, except for your child's religion, may

be disclosed to people who ask for you by name. Your child's religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your child's family, friends and clergy can visit you in the Center and generally know how you are doing.

- **Individuals Involved in Your child's Care or Payment for Your child's Care.** Unless you object, we may disclose health information about your child to a friend or family member who is involved in your child's care. We may also give information to someone who helps pay for your child's care. In addition, we may disclose health information about your child to an entity assisting in a disaster relief effort so that your child's family can be notified about your child's condition, status and location.
- **As Required By Law.** We will disclose health information about your child 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 health information about your child to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation.** If your child is an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans.** If your child is a member of the armed forces, we may disclose health information about as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose health information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all parent or his/her legal guardian s who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with parent or his/her legal guardian s' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about your child to people preparing to conduct a research project so long as the health information they review does not leave a Center.
- **Workers' Compensation.** We may disclose health information about your child for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting Federal and state laws may require or permit the Center to disclose certain health information related to the following:**

o *Public Health Risks.* We may disclose health information about your child for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- Notifying the appropriate government authority if we believe a parent or his/her legal guardian 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.

o *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include 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.

o *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, we may disclose health information about your child in response to a court or administrative order. We may also disclose health information

about your child 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 your child about the request or to obtain an order protecting the information requested.

o Reporting Abuse, Neglect or Domestic Violence: Notifying the appropriate government agency if we believe a parent or his/her legal guardian has been the victim of abuse, neglect or domestic violence.

· Law Enforcement. We may disclose health information when requested 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 your child, the victim of a crime if, under certain limited circumstances, we are unable to obtain your child's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Center; 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.

· Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

· National Security and Intelligence Activities. We may disclose health information about your child to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

· Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your child's health and the health and safety of others.

OTHER USES OF HEALTH INFORMATION

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

YOUR CHILD'S RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your child's health record is the property of the Center, the information belongs to you. You have the following rights regarding your child's health information:

· Right to Inspect and Copy. With some exceptions, you have the right to review and copy your child's health information.

You must submit your child's request in writing to ABA Administrative staff at Rachel.Lauletta@harwoodcenter.org. We may charge a fee for the costs of copying, mailing or other supplies associated with your child's request.

· Right to Amend. If you feel that health information in your child's record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Center.

You must submit your child's request in writing to ABA Administrative staff at Rachel.Lauletta@harwoodcenter.org. In addition, you must provide a reason for your child's request.

We may deny your child's 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 child's 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 health information kept by or for the Center; 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 certain disclosures we made of your child's health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your child's request in writing to ABA Administrative staff at Rachel.Lauletta@harwoodcenter.org. Your child's request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your child's request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve 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 child's 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 health information we use or disclose about your child. For example, you may request that we limit the health information we disclose to someone who is involved in your child's care or the payment for your child's care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

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

You must submit your child's request in writing to ABA Administrative staff at Rachel.Lauletta@harwoodcenter.org. In your child's 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 your child's spouse.

- Right to Request Alternate Communications. You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your child's request in writing to ABA Administrative staff at Rachel.Lauletta@harwoodcenter.org. We will not ask you the reason for your child's request. Your child's request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

· *You may obtain a copy of this Notice at our website, www.harwoodcenter.org.*

To obtain a paper copy of this Notice, contact ABA Administrative staff at Rachel.Lauletta@harwoodcenter.org.

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 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 Center and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Center administrator.

COMPLAINTS

If you believe your child's privacy rights have been violated, you may file a complaint with the Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Center, contact the HIPAA Compliance Officer at kaye.cooper@harwoodcenter.org. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Parent or his/her Legal guardian Name:

Client Name: Patient Test

Client DOB: 02/15/1995

Address:

Harwood Center

I have been given a copy of (Harwood)'s Notice of Privacy Practices ("Notice"), which describes how my health information is used and shared. I understand that Harwood has the right to change this Notice at any time. I may obtain a current copy by contacting the Center Privacy Official, or by visiting the Harwood website at www.harwoodcenter.org.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

Print Name:

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney):