

**CHILD AND FAMILY FOCUS, INC.  
NOTICE OF PRIVACY PRACTICES**

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

**PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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**SUMMARY OF PRIVACY PRACTICES NOTICE**

Child and Family Focus, Inc. believes that privacy and confidentiality regarding personal health information is extremely important. Securely protecting privacy is a responsibility that we have always taken very seriously. We want you to know that there is now a federal regulation that governs the privacy of your health information and how we may use and share that information in the course of our regular business activities. This federal regulation requires us to provide you with a detailed description, or “Notice”, of how we use your health information.

We are committed to protecting your health information. We create a record of the care and services you receive at the agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the agency, whether made by agency personnel or staff under contract to the agency (examples: psychiatrist, mobile therapist, behavioral specialist).

The following Notice goes into detail on how we may use, share and disclose your health information in the course of treatment, payment and business operations. In general, unless it is described in the Notice, we will NOT use or disclose your health information without your written authorization. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

We will refer to your “health information” throughout this Notice. When we say “health information”, we mean what the federal privacy rules (“the HIPAA privacy regulations”) call “Protected Health Information.” This is individually identifiable mental, behavioral, medical or other health care information about you, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and that related to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; (iii) the past, present, or future payment for the provision of health care to you. Any terms not defined in the Notice should have the same meaning as they have in the HIPAA Privacy Regulation as set out in 45 C.F.R. section 164.501 (and any amendments).

**WHO WILL FOLLOW THE REQUIREMENTS OF THIS NOTICE**

This notice describes our agency’s practices and those of:

- Any health care professional authorized to enter information into your agency record.
- All departments and units of Child and Family Focus, Inc. at all locations.
- Any member of a volunteer group we allow to help you while under the care of the agency.
- All employees, staff and other agency personnel.
- All of the Child and Family Focus, Inc. sites and locations comply with the terms of this notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or agency operations purposes described in the notice.
- Outpatient Services

**OUR LEGAL REQUIREMENT**

We are required by law to:

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

Furthermore, we must disclose your health information to you or someone who has the legal right to act for you (your personal representative), if the information you seek is contained in a designated record set; and also to the Secretary of the Department of Health and Human Services, if necessary, to investigate to determine our compliance with the HIPAA Privacy Regulations.

We are still required to follow all State privacy laws and other applicable laws that provide individuals with greater privacy protections. The HIPAA privacy rules do not take precedence over the existing state laws.

## **HOW MAY WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we are permitted by the law to use and disclose 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** We may use health information about you to provide you with behavioral health and medical treatment or other services (such as through the following, non-exclusive list of our programs: In-Home Supports, Outpatient Services, EPSDT Services, Respite, Foster Care.) We may disclose health information about you to doctors, nurses, counselors, healthcare professionals in training, or other agency personnel who are involved in taking care of you through the agency. Different departments of the agency may also share health information about you in order to coordinate the different things you need, such as prescriptions, counseling and residential support. We also may disclose health information about you to people outside the agency who may be involved in your care, such as family members, county personnel or others we use to provide services that are part of your care.

**For Payment** We may use and disclose 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 need to give County and/or the State agencies information about services, counseling or treatment you received at the agency so we may be paid for the service.

**For Healthcare Operations** We may use and disclose 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 health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health professionals, and other agency personnel for review and learning purposes. We may also use the information for business planning, development, management and general administration, including customer services and creating limited data sets for health care operations, public health activities, and research.

**Business Associates** We hire individuals and companies to perform various functions on our behalf or to provide certain types of services for us. In order to help us, these business associates may receive, create, maintain, use or disclose your health information. Before they may have any contact with your health information, we require them to sign a written statement stating that they will keep your health information private and secure.

**Your Authorization** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. However, we will not be able to undo any action that was taken before that authorization was revoked. Unless you give us a written authorization, we will not use or disclose your health information for any purpose other than those described in this Notice.

**Appointment Reminders** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services from the agency. You may notify us in writing of an alternative means of contacting you and while we are not required to agree to your request, we will make the best efforts to do so provided it is not an unworkable request.

**Treatment Alternatives** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you and alert you to other services we provide.

**Health-Related Benefits and Services** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care** We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We will only disclose the health information that is related to the person's involvement.

**Required By Law** We will disclose health information about you when required to do so by law.

**Workers' Compensation** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** If required by law, we may disclose health information about you for public health activities. These activities generally include those designed to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notify the appropriate government authority if we believe someone has been the victim of abuse or neglect when required or authorized by law.

**Health Oversight Activities** If required by law, we may disclose 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 health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery requests or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement** We may release 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.

**Organ and Tissue Donation** If you are an organ donor, we may release medical information about you to organizations that handle organ procurement or tissue transplantation, as necessary to facilitate organ or tissue donation/transplantation.

**To Avert a Serious Threat to Health or Safety** We may use and disclose 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.

### **SPECIAL SITUATIONS**

We are not permitted by Pennsylvania laws to disclose health information regarding mental health or drug and alcohol services except pursuant to your authorization, a court order, or in special circumstances required by federal or state laws. Subject to these more stringent federal or state laws, the HIPAA Privacy Regulations permit us to disclose health information related to: Military or Veteran agencies; FBI and National Security and Protective Services for the President and others; inmates or if you are under the custody of a law enforcement official; a coroner, funeral director or medical examiner to identify a deceased person or determine the cause of death; or to a funeral director as necessary to carry out their duties.

### **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 written permission. If you provide us with permission to use or disclose 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 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.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

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

**Right to Inspect and Copy** You have the right to inspect and copy health information that may be used to make decisions about your care that we maintain in a "designated record set", with limited exceptions. Your "designated record set" contains claims and payment information, enrollment and billing information, other records used to make decisions about your health care benefits. We may charge you a reasonable, cost-based fee for a copy of your health information, for mailing the copy to you, and for preparing any summary or explanation that you may request. (You may withdraw your request if you do not wish to pay the fees.) To inspect or copy health information that may be used to make decisions about you, you must submit your request in writing to either the Agency Privacy Officer or the Director of the program through which you receive services. We may deny your request to inspect and copy in certain very limited circumstances, if you are denied access to health information; you may request that the denial be reviewed. Another licensed health care 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 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 Agency Privacy Officer. 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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the health information kept by or for the agency;

3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

**Right to Disagree with Denial to Amend** You have the right to disagree with our denial to amend your information by submitting your disagreement in writing to the agency Privacy Officer.

**Right to an Accounting of Disclosures** You have the right to request an accounting of certain disclosures that we make of your health information excluding disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities. This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Agency Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 13, 2003. 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 health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. **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 Agency Privacy Officer. 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 your spouse.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about medical 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 Agency Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests; however, 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. To obtain a paper copy of this notice, please contact the Agency Privacy Officer.

### **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 agency. The notice will contain on the first page in the top center, the effective date. In addition, each time you register at or are re-admitted to the agency for treatment or health care services, you will be offered a copy of the current notice in effect.

### **GRIEVANCES**

If you believe your privacy rights have been violated, you may file a grievance with the agency's Privacy Officer or with the Department of Health and Human Services.

**To file a grievance with the agency, contact: HIPAA Privacy Officer, Child and Family Focus, 920 Madison Ave., Audubon, PA 19403. Phone: 610-650-7750; Fax: 610-650-7761.**

**To file a grievance with the federal government, contact: Secretary of Health and Human Services at US Department of Health and Human Services, Office for Civil Rights, 150 S. Independence Mall West – Suite 372, Philadelphia, PA 19106-3499.**

**All grievances must be submitted in writing.**

**You will not be penalized or discriminated against for filing a grievance.**

**Approved Revision 01/15**