

NOTICE OF PRIVACY POLICY
EFFECTIVE APRIL 14, 2003

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

- PLEASE READ IT CAREFULLY -

UNDERSTANDING YOUR MENTAL HEALTH RECORD INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that you actually received the services billed for;
- a tool in medical education;
- a source of information for public health officials charged with improving the health of the regions they serve;
- a tool to assess the appropriateness and quality of care you received; and
- a tool to improve the quality of healthcare and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- ensure its accuracy and completeness;
- understand who, what, where, why, and how others may access your health information;
- make informed decisions about authorizing disclosure to others; and
- better understand the following detailed health information rights.

YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under HIPAA Privacy Rule, Sections 164.502 (a)(2)(i)(disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, like mandated reporting of abuse and neglect. In those cases, you do not have a right to request restriction. Even in those cases in which you do have the right to request restriction, we do not have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice.
- Ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.
- Receive and keep a copy of this notice of information practices. Although we have posted a copy in a prominent location within the facility and on our website, if you access those copies, you nonetheless have a right to a printed copy on request. The law requires us to ask you to acknowledge receipt of your copy.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Any of your health information that is subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA). 42 U.S.C. 263a, to the extent that the provision of access to the individual would be prohibited by law.

In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These reviewable grounds for denial include:

- When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- When the Protected Health Information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- When the request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
- If information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. **We reserve the right to charge a reasonable fee for making copies.**

You have the right to request amendment/correction of your health information. We do not have to grant the request if:

- We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
- The records are not available to you as discussed above.
- The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain to our Privacy Officer or to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those parties you identify to whom you wish the corrected information be provided.

ACCOUNTING OF DISCLOSURES

You may obtain an accounting of disclosures other than for treatment, payment, and health care operations, or of protected health information about them. We do not need to provide an accounting for:

- disclosures to you;
- disclosures authorized by you;
- disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations);
- the facility directory or to persons involved in the/your care or for other notification purposes as provided in 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death);
- national security or intelligence purposes under 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object);
- correctional institutions or law enforcement officials under 164.512 (k)(5) (disclosures not requiring consent, authorization, or an opportunity to object); and
- disclosure that occurred six or more years before your request.

We must provide the accounting within 60 days. The accounting must include:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the/your written authorization, or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. **Thereafter, we reserve the right to charge a reasonable fee.**

You have the right to revoke your (consent or) authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

In addition to providing you your rights, as detailed above, the Federal Privacy Standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.

- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will make a revised notice available to you.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

HOW TO GET MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and /or would like additional information, you may contact our Privacy Officer, at (508) 753-5425.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

Treatment: With your consent (and with the regulatory consent granted by the Department of Health and Human Services) we may use or disclose your health information for treatment.

Example: A physician, nurse, clinician or other member of your treatment team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the treatment team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

With your consent, we may also provide your physician, other healthcare professionals, or a subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

Payment: With your consent (and the regulatory consent granted by the Department of Health and Human Services) we may use or disclose your health information for payment.

Example: We will send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

Health Operations: With your consent (and with the regulatory consent granted by the Department of Health and Human Services) we may use or disclose your health information for health operations (see definition above).

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

USES AND DISCLOSURES OTHER THAN FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

Business Associates: We may provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function (s) we have contracted with them to bill you and your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing/Continuity of Care: 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.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse/effects with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for purposes as required by law or in response to a valid subpoena or court order, or in some circumstances, an administrative subpoena or summons or a civil or authorized investigative demand.

Abuse and Neglect: Except for reports of child abuse under uses and disclosures required by law, see Appendix G, Children's Friend, Inc. may disclose PHI about an individual whom Children's Friend, Inc. reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports as follows:

- To the extent that the disclosure is required by law and the disclosure complies with and is limited to the requirements of that law.
- To the extent that the disclosure is expressly authorized by statute or regulation and if either of the two following conditions applies:

Children's Friend, Inc., in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

If the individual is unable to agree because of incapacity, such as if unconscious or mentally disabled, a law enforcement or other public official authorized to receive the report represents that the PHI is not intended to be used against the individual and that an immediate enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

If Children's Friend, Inc. makes a disclosure concerning victims of abuse, neglect, or domestic violence, it will inform the individual that such a report has or will be made, unless one of the following conditions applies:

- Children's Friend, Inc., in the exercise of professional judgment, believes informing the individual would place the clinician or other staff at risk of serious harm.
- Children's Friend, Inc., in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm.
- Children's Friend, Inc. would be informing a personal representative, and Children's Friend, Inc. reasonably believes that the personal representative is responsible for the abuse, neglect, or other injury and that informing such person would not be in the best interests of the individual.

Health Oversight Agencies and Public Health Authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health.

The Federal Department of Health and Human Services (DHHS): Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

Reviewed and Approved by: Executive Committee, March 11, 2003