



**ADAMS COUNTY CHILDREN'S ADVOCACY CENTER
MENTAL HEALTH PROGRAM
HIPAA NOTICE OF PRIVACY PRACTICES**

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

Uses and Disclosures of Personal Health Information (PHI)

Treatment: We may use or disclose your PHI to another provider providing treatment to you, or to family and friends you approve.

Payment: We may use and disclose your PHI to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your PHI for healthcare operations, which may include quality assessment and improvement activities, reporting required by funders, evaluating employee performance, conducting training programs, accreditation, certification or licensing activities.

Appointment Reminders: We may use and disclose your PHI to provide you with a reminder that you have an appointment for treatment.

Fundraising Activities: We may use and disclose your PHI in order to contact you for fundraising activities. If you do not want ACCAC to contact you for fundraising, you may opt out at any time by calling ACCAC at (717) 337-9888.

As Required By Law: We may use and disclose your PHI when required to do so by federal, state or local law.

Threat to Health or Safety: We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

The following uses and disclosures will only be made with an authorization from you: Most uses and disclosures of psychotherapy notes, the use of PHI for marketing and research purposes, and the sale of PHI. If authorization is given, it may later be revoked in writing.

Client Rights

Inspect and Copy: You can ask to see or get an electronic copy or paper copy of your PHI records we have about you. Usually this includes intake documents and billing records, but does not include psychotherapy notes. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

Amendment: You have a right to request that we amend your PHI.

Request Restrictions: You can ask us not to use or share certain health information for treatment, payment or operations. We are not required to agree to your request and we may say "no" if it would affect your care.

Request Confidential Communication: You can ask us to contact you in a specific way. We will agree to all reasonable requests.

Accounting: You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge you a reasonable, cost-based fee if you ask for another one within 12 months.

Copy of this Notice: An electronic copy of this Notice is available on our website: www.kidsagaincac.org. You can ask for a paper

copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

Complaints

- You can complain if you feel we have violated your rights by contacting ACCAC’s Privacy Officer at (717) 337-9888.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Questions about this notice should be directed to ACCAC’s Privacy Officer at (717) 337-9888 or emurray@kidsagaincac.org

Your signature below is only an acknowledgement that you have received this Notice of Privacy Practices.

Client or Personal Representative Signature

Date

If Personal Representative’s signature appears above, please describe Personal Representative’s relationship to the client:

Witness Signature

Date