

CHILDSERVE'S NOTICE OF PRIVACY PRACTICES

I. 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.

II. Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of care services to you or your child, or payment for those services is considered "Protected Health Information" ("PHI"). ChildServe is required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time**. If we do so, we will contact you by mailing you a revised Notice or supplying you with a revised Notice the next time you or your child receives services. We will post a new Notice at each ChildServe location. You may request a copy of the new Notice from the Privacy Officer, and it will also be posted on our website at www.childserve.org.

III. How we may use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. The law provides that we are permitted to make some uses/disclosures without your authorization. However, we must have your written authorization if we disclose information for situations other than treatment, payment or health care operations. The following offers more description and examples of our potential uses/disclosures of you or your child's PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations

For Treatment: We may disclose PHI to doctors, nurses, and other health care personnel who are involved in providing care to you or your child. For example, PHI will be shared among members of you or your child's treatment team. ChildServe may use and disclose PHI with other services within the Organization if they are caring for you or your child.

To Obtain Payment: We may use/disclose PHI in order to bill and collect payment for you or your child's services. For example, we may release portions of you or your child's PHI to a private insurer or Medicaid, to get paid for services that we delivered to you or your child.

For Health Care Operations: We may use/disclose PHI in the course of operating our services. For example, we may use PHI in evaluating the quality of services provided, or disclose PHI to our accountant for audit purposes. We may release PHI to determine certification or eligibility for funded services.

Marketing and Fundraising Activities: We may use PHI for the purpose of contacting you regarding services that may be of interest to you or your child. In addition, you may also be contacted as part of a fund raising effort. If you do not wish to be contacted for marketing or fundraising activities, you may contact ChildServe's Privacy Officer to have your name removed from marketing or fundraising lists. ChildServe will never sell a mailing list to anyone.

Uses and Disclosures Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization. For example, if another care provider not directly involved in you or your child's care requests information, an authorization is required. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Not Requiring Authorization

The law provides that we may use/disclose you or your child's PHI without authorization in the following circumstances:

When Required by Law

We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities who monitor compliance with these privacy requirements.

For Public Health Activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

For Health Oversight Activities: You or your child's PHI may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight include audits, investigations and inspections. In most cases the oversight activity will be for the purpose of overseeing the care rendered by our organization in compliance with certain laws and regulations.

Relating to Decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

To Avert Threat to Health or Safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For Specific Government Functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures for which you to have an Opportunity to Object

In the following situations, we may disclose you or your child's PHI if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

To families, friends or others involved in your care: We may share with these people information directly related to your family's, friend's or other person's involvement in you or your child's care, or payment for care. We may also share PHI with these people to notify them about you or your child's location, general condition, or death.

IV. Your Rights Regarding Your Protected Health Information

You have the following rights relating to you or your child's protected health information:

To Request Restrictions on Uses/Disclosures: You have the right to ask that we limit how we use or disclose you or your child's PHI. We will consider the request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of you or your child's PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To Choose How We Contact You: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as we determine that your request to receive correspondence at an alternate address or by alternate means is reasonable.

To Inspect and Copy Your PHI: Unless you or your child's access is restricted for clear and documented treatment reasons, you have a right to see your/your child's protected health information. We will respond to the request within 30 days. If we deny access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of you or your child's PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of you or your child's information you want copied and to have prior information regarding the cost of photocopying.

To Request Amendment of Your PHI: If you believe that there is a mistake or missing information in our record of you or your child's PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain you or your child's rights to have the request and denial, along with any statement in response that you provide, appended to you or your child's PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To Find Out What Disclosures Have Been Made: You or your child have a right to get a list of when, to whom, for what purpose, and what content of PHI has been released other than instances of disclosure for treatment, payment, operations, to you, your family, or the facility directory. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years.

To Receive This Notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

V. Contact Person for Information, or to Submit a Complaint

This notice has been provided to you as a summary of how we will use you or your child's PHI and your rights with respect to that PHI. If you have questions or for more information regarding you or your child's PHI, please contact ChildServe's Privacy Officer.

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer. You may also file a complaint with Region VII, Office for Civil Rights, U.S. Department of Health and Human Services at 601 East 12th Street – Room 28, Kansas City, Missouri 64106. Voice Phone (816) 426-7278. FAX (816) 426-3686. TDD (816) 426-7065. We will take no retaliatory action against you if you make such complaints.

VII. Effective Date: This Notice became effective on April 14, 2003.