

NOTICE OF PRIVACY PRACTICES

CONCERN – Professional Services for Children, Youth, and Families

Effective Date: July 1, 2006

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.

Protected Health Information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we refer to all of that Protected Health Information, which includes any behavioral health information, as medical information. This notice will inform you about how we may use and disclose your medical information. This notice will also inform you about your rights and our duties with respect to your medical information and how to complain to us if you believe we have violated your privacy rights.

CONCERN is required by law to maintain the privacy of your medical information, provide you with information about your individual rights and to abide by the terms of this notice. CONCERN reserves the right to change this notice at any time. Any change in the terms of this notice will be effective for all medical information that we are maintaining at that time. If any change is made to this notice, CONCERN will provide you with a written revised notice upon request or upon your next appointment or our next contact with you. A current copy of our notice may always be obtained on our website at <http://www.concern4kids.org>.

When you receive this notice and each time you receive a revised or changed copy of this notice, **please sign the Acknowledgment on the last page of this notice** and return it to the privacy officer at the address listed below or to your counselor.

CONTACT INFORMATION - QUESTIONS, COMMENTS OR REQUESTS

If you have any questions about this notice, or to obtain a copy of this notice, please contact our privacy officer at 1 West Main Street, Fleetwood, Pennsylvania 19522 or (610) 944-0445.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

All of the ways that we are permitted to use and disclose your medical information without your authorization will fall within one of the categories contained in this notice. Except in limited circumstances, only the minimum amount of medical information necessary will be revealed during any disclosures. The following categories describe and give examples of different ways we may use and disclose medical information about you:

For Treatment: We may use your medical information to provide you with treatment. We may disclose your medical information to doctors, nurses, counselors, physician assistants, nurse practitioners, admissions and business office staff, compliance staff or other personnel who are involved in taking care of you. Different departments of CONCERN may also share information about you in order to coordinate your care. We also may disclose information about you to people outside of CONCERN who may be involved in your care, such as your county caseworker.

For Payment: We may use and disclose your medical information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval.

Health Care Operations: We may use and disclose your medical information for our own health care operations. These are necessary for us to operate CONCERN and to maintain quality health care for our clients and patients. For example, we may use your medical information to review the services we provide and the performance of our employees in caring for you. We may disclose your medical information to train our staff, volunteers and students working for CONCERN. We also may use the information to study ways to more efficiently manage our organization.

OTHER USES AND DISCLOSURES FOR WHICH YOUR AUTHORIZATION IS NOT REQUIRED

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment or missed an appointment for treatment in order to reschedule the appointment. **Unless you direct us not to do so, CONCERN will leave appointment reminders in your voicemail or answering machine.**

Treatment Aftercare Alternatives/Health-Related Benefits and Services: We may use and disclose medical information to tell you about or recommend possible treatment and other aftercare options or alternatives that will benefit or be of interest to you.

Fundraising: We may use your name and address to contact you to raise funds for CONCERN. If you do not want CONCERN to contact you for fundraising, you must notify the privacy officer in writing at the address indicated on the first page of this notice. CONCERN will not share your medical information with anyone else for another entity's fundraising purposes.

Directory: Unless you object, we will include certain limited information about you in our internal directory. This information may include your name, your location and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

Individuals Involved in Your Care: We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, your medical information that is directly relevant to that person's involvement with your care or payment related to your care. We may also disclose your medical information to notify or to assist in the notification of a family member, your personal representative or other person responsible for your care of your location, general condition or death. **If there is a family member, other relative, or close personal friend to whom you do not want us to disclose your medical or other information, please notify your counselor or our privacy officer.**

Business Associates: We may disclose your medical information to "business associates" who provide contracted services to CONCERN such as accounting, legal representation, claims processing, consulting and claims auditing. If we disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential.

Disaster Recovery: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster recovery efforts.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your medical information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if we are required or authorized to do so by law or if you agree to such disclosure.

Research: We may allow your medical information to be disclosed for research purposes; provided, however, that the person or entity performing the research adheres to certain privacy protections.

As Required By Law: We will disclose your health information 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 your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

National Security and Military Functions: We may disclose your medical information regarding military and veteran activities, national security and intelligence activities.

Workers' Compensation: We may release your health information for workers' compensation or similar laws that provide benefits for work related injuries or illnesses. State and/or federal laws control the release of such information.

Public Health Activities: We may disclose your health information for public health activities and purposes. This includes, but is not limited to, reporting medical information to a public authority that is authorized by law to collect or receive the information for the purposes of preventing or controlling disease or reporting child abuse or neglect.

Health Oversight Activities: We may disclose your 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 your health information **in response to a proper court order** 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. In the event that your state laws afford you greater protection with respect to the disclosure of your medical information for this purpose, we will abide by your state law.

Law Enforcement: We may release your health information if asked to do so by a law enforcement official: such as responding to a proper court order or subpoena. In the event that your state laws afford you greater protection with respect to the disclosure of your medical information for this purpose, we will abide by your state law.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may disclose your health information to a coroner, medical examiner or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other types of uses and disclosures of medical information not identified in this notice will be made only with your written authorization. That authorization may be revoked by you, in writing, at any time. However, should you revoke such an authorization, you should understand that we are unable to retract any disclosures we have already made with your permission and that we are required to retain our records as proof of the care that we provided you.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

1. Right to Request Restrictions.

You have the right to request that we restrict the uses or disclosures of your medical information to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. We are not required to agree to any requested restriction, but we will tell you in advance if we cannot comply. However, if we do agree, we will follow that restriction unless the information is needed to provide you with emergency treatment.

You must submit your limitation or restriction request in writing to your counselor or to our privacy officer at the address indicated on the first page of this notice. In your request you must tell us (1) what information you would like to limit or restrict, (2) whether you wish to limit the use or disclosure, or both, and (3) to whom you would like the limits to apply.

We may terminate your restriction if: (a) you agree or request the termination in writing; (b) you orally agree to the termination; or (c) if we inform you that we are terminating our agreement to your restriction, except that such termination will only be effective for your medical information that is created or received after you receive our notice of termination.

2. **Right to Receive Confidential Communications.**

We will accommodate reasonable requests to receive communications about your medical information from us by alternative means or to alternative locations. For example, you may ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communications. If you want to request confidential communications, you must make your request in writing to your counselor or to our privacy officer at the address indicated on the first page of this notice.

3. **Right to Inspect and Copy.**

With a few very limited exceptions, you have the right to inspect and obtain a copy of your medical information. To inspect or copy your medical information, you must submit your request in writing to our privacy officer at the address identified on the first page of this notice. Your request should specifically state what medical information you want to inspect or copy. We will ordinarily act on your request within 30 days of our receipt of your request. We may charge a fee for the costs of copying, mailing or other supplies associated with your request and will tell you the fee amount in advance.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to your medical information, you may submit a written request that such denial be reviewed to our privacy officer at the address indicated on the first page of this notice. We will ordinarily act on your request for review within 30 days.

4. **Right to Request an Amendment.**

You have the right to request an amendment to your medical information. You have the right to request an amendment for as long as the information is kept by or for us. Your request must be submitted in writing to our privacy officer and must specifically state your reason or reasons for the amendment. We will ordinarily act on your amendment request within 60 days after our receipt of your request.

We may deny your request to amend medical information if we determine that the information: (1) was not created by us; (2) is not part of the medical information maintained by us; (3) would not be available for you to inspect or copy; or (4) is accurate and complete.

If we grant the request, we will inform you of such acceptance in writing. We will make the appropriate amendment to your medical information and we will request that you identify and agree that we may notify all relevant persons with whom the amendment should be shared: (a) individuals that you have identified as having medical information about you and (b) business associates that we know have your medical information that is the subject of the amendment.

5. Right to Receive an Accounting.

You have the right to request an "accounting of disclosures" for disclosures of your medical information that are made after April 14, 2003. The list of disclosures does not include disclosures: (a) for treatment, payment and healthcare operations; (b) made with your authorization or consent; (c) to your family member, close relative, friend or any other person identified by you; or (d) for national security or intelligence purposes. Additionally, under certain circumstances, government officials can request that we withhold disclosures from the accounting.

To request an accounting of disclosures, you must submit your request in writing to the CONCERN privacy officer at the address indicated on the first page of this notice. Your request must state the time period for which you would like an accounting which may not be longer than 6 years. Your first accounting request within any 12-month period will be provided to you free of charge. For additional accounting 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.

We will ordinarily act on your accounting request within 60 days of your request. We are permitted to extend our response time for a period of up to 30 days if we notify you of the extension. We may temporarily suspend your right to receive an accounting of disclosures of your medical information, if required to do so by law.

6. Right to Receive a Paper Copy of this Notice.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request. You may also obtain a paper copy of our notice on our website at <http://www.concern4kids.org>.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us. Any complaint must be filed in writing on a form provided by us. The complaint form may be obtained from any of our facilities, our privacy officer or from your counselor. All complaints should be sent to our privacy officer at the address indicated on the first page of this notice.

You may also file a complaint with the Secretary of the United States Department of Health and Human Services ("DHHS"). To file a complaint with DHHS, send your complaint in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201.

Client Name _____ Client ID #: _____

CONCERN – Professional Services for Children, Youth, and Families

Acknowledgment of Receipt of Notice of Privacy Practices

I have received a copy of CONCERN's Notice of Privacy Practices.

Effective Date of Notice: _____ (indicated in top right hand corner of first page of notice)

Name (print)

Date

Signature