Grandma’s House Children’s Advocacy Center

Notice of Privacy Practices

Effective Date: May 1, 2013

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.

This Notice is provided on behalf of Grandma’s House Children’s Advocacy Center.

PURPOSE: This notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment, or healthcare operations and for other purposes permitted or required by law. “Protected Health Information” is information that may identify the patient and that relates to the patient’s past, present, or future physical or mental health, and may include name, address, phone numbers, and other identifying information.

We are required to give you this Notice and to maintain the privacy of your Protected Health Information. We must abide by this Notice, but we reserve the right to change the privacy practices described in it. A current version of this Notice, with required revision, if any, may be obtained from the Grandma’s House Children’s Advocacy Center 501 West Stephenson Ave, Harrison, AR. 72601.

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at the Grandma’s House CAC and referred laboratories. We need this record to provide services to you and to comply with certain legal requirements. This Notice will tell you about the ways we may use and disclose your information. We also describe your rights and certain obligations we have to use and disclose your health information.

If you believe your Privacy Rights have been violated, you may complain to us or to the U.S. Secretary of Health and Human Services. To file a complaint with us you may send a letter describing the violation to Grandma’s House CAC 501 West Stephenson Ave, Harrison, AR. 72601. There will be no retaliation for filing a complaint.

If you have questions or need more information, contact the Grandma’s House Children’s Advocacy Center Executive Director at 870-391-2224

WHO WILL FOLLOW THIS NOTICE: This Notice describes the practices of Grandma’s House Children’s Advocacy Center healthcare professionals, employees, volunteers, and others who work or provide healthcare services at the Children’s Advocacy Center, including students-in-training.

ACKNOWLEDGMENT: You will be asked to sign an Acknowledgment of receipt of this Notice. The delivery of your healthcare services will in no way be conditioned upon the signing of this Acknowledgment.

Your Privacy Rights: You have the following rights relating to your Protected Health Information and may:

* Obtain a current paper copy of this Notice.
* Inspect or obtain a copy for your records. Your request to obtain a copy for your medical records must be in writing. We are allowed to deny this request under certain circumstances. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional identified by the Children’s Safety Center who was not involved in the original denial decision. We will comply with the outcome of this review.
* Request that we amend your record, if you feel the information is incomplete or incorrect. We are allowed to deny this request in certain circumstances and may ask you to put these requests in writing and provide a reason that supports your request.
* Request in writing a restriction on certain uses and disclosures of your information. We are not required to agree to the requested restrictions in all circumstances.
* Obtain a record of certain disclosures of your Protected Health Information.
* Make a reasonable request to have confidential communications of your Protected Health Information sent to you by alternative means or at alternative locations.
* We will obtain your written permission for use and disclosure of your Protected Health Information that are not covered by this Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing.
* Submit any written requests to inspect, copy, or amend your records to the Children’s Safety Center Medical Records Department.

Our Responsibilities: We are required to protect the privacy of your Protected Health Information, abide by the terms of the Notice, make the Notice available to you, and to notify you if we are unable to agree to a requested restriction or an alternative means of communicating.

Examples of Uses and Disclosures

We will use your Protected Health Information for treatment: Certain information obtained by a nurse, doctor, or other healthcare workers will be put in your record and used to plan and manage your treatment. We may provide reports or other information to your doctor or other authorized persons who are involved in your care.

We will use your Protected Health Information for payment: All services provided by the Children’s Advocacy Center are free to the client. However, the Children’s Safety Center bills the state of Arkansas, either through Medicaid or through the Crime Victims’ Reparations Board for payment of medical procedures performed. A bill will be sent to either Medicaid or the Crime Victims’ Reparations Board with information about your diagnosis and procedures.

We will use your Protected Health Information for regular healthcare operations: The Medical Staff and other healthcare workers may use your Protected Health Information to check on the care you received, how you responded to it, and for other business purposes related to operating the Children’s Safety Center.

Business Associates: We may share some of your Protected Health Information with outside people or companies who provide services for us, such as typing physician reports.

Notification: We may share some of your Protected Health Information to notify a family member or other person involved in your care, your location, and your general condition unless you tell us not to do so.

Communication with Family: We may share your Protected Health Information with a family member, a close personal friend, or a person that you identify, if we determine they are involved in your care or in payment for your care unless you tell us not to do so.

Research: Your Protected Health Information may be used for research purposes in certain circumstances with your permission.

Coroners, Medical Examiners, and Funeral Directors: We may disclose your Protected Health Information to these people, to the extent allowed by law, so they may carry out their duties.

Contacts: We may contact you to provide appointment reminders or to tell you about new treatments or services.

Fundraising or Marketing: We may contact you as part of fundraising or marketing efforts.

Food and Drug Administration (FDA): We may share your Protected Health Information with certain government agencies like the FDA, so they can recall drugs or equipment.

Public Health: We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury, or disability as required by law.

Communicable Disease: We may disclose your Protected Health Information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.

Law Enforcement: We must disclose your Protected Health Information for law enforcement purposes as required by law.

As Required by Law: We must disclose your Protected Health Information when required by federal, state, or local law.

Health Oversight: We must disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight agencies are those that oversee the healthcare system, government benefit programs such as Medicaid, and other government regulatory programs.

Abuse or Neglect: We must disclose your Protected Health Information to government authorities that are authorized to receive reports of suspected abuse or neglect.

Legal Proceedings: We may disclose your Protected Health Information in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request, or another lawful process.

Required Uses and Disclosures: We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with HIPPAA Privacy Regulations.

To Avoid Harm: We may use and disclose information about you when necessary to prevent a serious threat to your health or the safety of the public or another person.

For Specific Government Functions: We may disclose your Protected Health Information for national security activities as required by law.

**Grandma’s House Children’s Advocacy Center**

Acknowledgment of Privacy Practices

I have received the Notice of Privacy Practices and have been provided with the opportunity to read it.

Name of Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_