

HEARTS RESPITE PRIVACY PRACTICES/CLIENT RIGHTS PARENT/GUARDIAN COPY

UCP OF MOBILE, INC. NOTICE OF PRIVACY PRACTICES

At United Cerebral Palsy of Mobile (“UCP”), we are committed to treating protected health information about you responsibly. Federal law known as the Privacy Standards has requirements for the use and disclosure of Protected Health Information (“PHI”). This notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights under the Federal Privacy Standards and certain obligations we have regarding the use and disclosure of PHI.

Under the Federal Privacy Standards, we are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Make a good faith effort to obtain your acknowledgement that you have received this notice.
- Follow the terms of the notice that is currently in effect.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

FOR TREATMENT: We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to other personnel in our organization or outside of our organization that are involved in taking care of you. For example, we may need to tell a Service Coordinator about your condition in order to coordinate the different things you need, such as therapy.

FOR PAYMENT: We may use and disclose your PHI so that the services you receive from us or other providers may be billed and payment may be collected from you, an insurance company or a third party. For example, we may give your health plan information about treatment you received, so it will pay us or reimburse you for the treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI for our operations and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff in caring for you. We may disclose PHI to “business associates” who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If we do disclose your PHI to a business associate, we will require the business associate to appropriately safeguard it.

APPOINTMENTS / TREATMENT ALTERNATIVES: We may use and disclose PHI to schedule appointments and remind you of them, and to give you information about treatment alternatives or services that may be of interest to you.

COMMUNICATION WITH FAMILY: If you do not object, we may release medical information about you to a friend or family member that is involved in your medical care. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

FUNDRAISING: We may contact you as part of a fundraising effort for our programs. You have the right to request not to receive fundraising materials.

RESEARCH: We may disclose PHI to researchers when their research has been approved by a committee that has reviewed the research protocol and has established protocols to ensure the privacy of your health information.

AS REQUIRED BY LAW: We will disclose PHI when required to do so by federal, state or local law, including to the Department of Health and Human Services when required to determine our compliance with the Privacy Standards.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

ORGAN DONATION: If you are an organ donor, we may release medical information to organizations that handle organ procurement, as necessary to facilitate donation and transplantation.

MILITARY, VETERANS, AND SPECIFIC GOVERNMENT FUNCTIONS: We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and other national security activities authorized by law, and so they may provide protection to the President of the United States or certain other officials or conduct special investigations. If you are a member of the Armed Forces, we may release your PHI as required by military command authorities.

WORKERS COMPENSATION: We may disclose health information to the extent authorized by and the extent necessary to comply with laws relating to workers' compensation or similar programs. When that occurs, we will give you notice about the disclosure.

PUBLIC HEALTH: We may disclose your PHI for public health activities (such as reports of communicable diseases, vital statistics, reactions to medications or problems with products, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease) or to notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence.

HEALTH OVERSIGHT AGENCIES: We may disclose PHI to health oversight agencies such as Medicare and state agencies for activities such as audits and investigations that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

COURT ORDERS AND SUBPOENAS: We may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only if a reasonable effort has been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: We may release PHI for certain law enforcement purposes, including, for example, reports required by law, to comply with a court order or warrant, or to report or answer questions about a crime.

CORONERS AND FUNERAL DIRECTORS: We may release PHI to a coroner, medical examiner, or funeral director as necessary so they can carry out their duties.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

We will ask you to sign an Admission Consent Form, which covers the uses and disclosures of PHI for treatment, payment and health care operations. It also has sections, which help you exercise the rights described in the next part of this notice. Other uses and disclosure of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. All disclosures of psychotherapy notes require your written authorization, with certain very limited exceptions such as disclosures necessary to protect your safety or the safety of others or as otherwise required by law. You may revoke your Admission Consent or an Authorization at any time, by doing so in writing. Ask the staff for the form to use. If you revoke your permission, we will no longer use or disclose PHI for the purposes covered by that Consent or Authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Listed below are your rights regarding your PHI. To exercise these rights, make the request in writing. Ask the Program Director for the proper form. We have the right to deny your request in certain circumstances, and we will inform you if your request is denied.

REQUEST RESTRICTION

You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations, or to someone who is involved in your care.

CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only send mail to a Post Office Box.

ACCESS

You have the right to inspect and obtain a copy of the medical records that we have about you. We may charge a reasonable fee for copying and mailing. Your records remain the property of UCP.

REQUEST AMENDMENT

If you feel that medical information that we have about you is incorrect or incomplete, you may ask us to amend the information.

REQUEST AN ACCOUNTING OF DISCLOSURES

You have the right to request a list of disclosures that we made after August 1, 2003, of your PHI, except for treatment, billing and health care operations, or as a result of your written or verbal authorization.

QUESTIONS OR COMPLAINTS

For more information, or to report an incident where you feel that your privacy rights have been compromised by a UCP staff person, you may file a complaint with the Compliance Officer, UCP of Mobile, 3058 Dauphin Square Connector, Mobile, AL 36607, 251-479-4900. You may also file a complaint with the U.S. Secretary of the Department of Health and Human Services. Please contact the Compliance Officer for that contact information.

Clients have the right to:

- 1. Access the established procedures for handling their complaints and/or mistreatment.**
- 2. Be informed of services available.**
- 3. Communication regarding program.**
- 4. A safe and humane service environment.**
- 5. Be protected from abuse, neglect, and/or mistreatment.**
- 6. Privacy which promotes their quality of life.**
- 7. Exercise personal religious beliefs.**
- 8. Confidentiality of records.**
- 9. Receive appropriate quality of service.**
- 10. Participate in the planning of their service.**
- 11. Prompt and appropriate medical care and emergency medical treatment.**

