

## **NOTICE OF PRIVACY PRACTICES**

**This notice describes how health, intake and treatment information about you or your child may be used and disclosed and how you can get access to this information.**

**Please review it carefully.**

### **A. PURPOSE OF THE NOTICE**

We are committed to preserving the privacy and confidentiality of your health, intake and treatment information that is created and/or maintained at our center. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice will provide you with information regarding our privacy practices and applies to all of your health, intake and treatment information created and/or maintained at our center, including any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose this information and also describes your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this Notice, including any future revisions made to the Notice as required or authorized by law. We reserve the right to change this Notice and make the revised notice effective for past and future health, intake and treatment information about you. We will post a copy of the current Notice, which will identify its effective date, in our center.

The use of the word “you/your” implies also your child[ren] as minor children are enrolled in the services of the center.

### **B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND CENTER OPERATIONS**

Treatment, Payment and Center Operations. The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment and center operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.

a. Treatment. Your health, intake and treatment information will be used to provide you with early intervention treatment and services. We may disclose your health information to our professional team, involved in your care or center operations, such as teachers, paraprofessionals, nurses, therapists, university student interns/placements, records manager, management team members/supervisors, personnel engaged in contract services at the center, personnel representing the agency or duties aligned with an agency service agreement/contract, or other personnel who are involved in provision of early intervention services, including volunteers having signed confidentiality agreements.

b. Payment. Disclosure of your health, intake and treatment information may be necessary to bill and receive payment from you, an insurance company, or another third party for the early intervention services you receive from us. We also may disclose health, intake and treatment information about you to your health plan in order to obtain prior approval for the services provided to you, or to determine that your health plan will pay for treatment, such as therapy, nursing or evaluation/assessment services.

For example, we may need to give health, intake and treatment information to your health plan in order to obtain prior approval for an evaluation or coordinate your child’s educational plan with school system personnel who contract with us to cooperatively execute an Individualized Education Plan (IEP).

c. Center Operations. Your health, intake and treatment information may be disclosed in order to perform the necessary administrative, quality assurance and business functions of our center, including conferences/meetings/appointments for you. Unless restricted by you, center personnel may leave a message on your home or place of employment answering machine. The center will maintain directories of children/families in a variety of data/record sets for center operations.

For example, your health, intake and treatment information may be used to evaluate the performance of our staff in serving you. We may also use information to evaluate and plan our services as a business. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in our center.

## C. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS

We may use or disclose your health, intake and treatment information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in Section F of this Notice.

1. Appointment Reminders. Your health, intake and treatment information may be used for purpose of contacting you to remind you of an appointment.
2. Treatment alternatives & Health-Related Products and Services. Disclosure of your health, intake and treatment information may be necessary in the process of informing you of treatment alternatives or health-related products or services that may be of interest to you.
3. Family Members and Friends. Your health, intake and treatment information may be disclosed to individuals such as family members and friends when (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures.

For example, if your spouse, family member, friend, or advocate comes with you to an activity, conference/meeting/appointment, we will assume that you agree to our disclosure of your information while those persons are present with you.

Or if an authorized pick-up person was acting on behalf of you, and an emergency occurred involving your child, we will assume that you agree to our disclosure of your information to respond and communicate for emergency purposes.

## D. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

There are certain instances in which we may be required or permitted by law to use or disclose your health, intake and treatment information without your permission. These instances are as follows:

1. As required by law. We may disclose your health, intake and treatment information when required by federal, state, or local law.  
For Example: The Department of Human Resources, Child Care Licensing Section, may require the names of children who were injured in the center and required medical treatment at a doctor, hospital or other community health care provider.
2. Public Health Activities. Your health information may be disclosed to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
3. Oversight Activities. Your health, intake and treatment information may be disclosed to authorities such as, but not limited to, health, education, licensing or accreditation oversight agencies that are authorized by law to conduct oversight activities, including audits, investigations, inspections, surveys or licensure and certification.
4. Judicial or administrative proceedings. We may disclose your health, intake or treatment information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. Disclosure of your information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute may be necessary, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health, intake or treatment information.
5. Worker's Compensation. When your health condition arises out of a work-related illness or injury, we may disclose your health information to worker's compensation programs.
6. Law Enforcement Official. Your health, intake or treatment information may be disclosed in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
7. Research. Under certain limited circumstances, we may use or disclose your health, intake or treatment information for research purposes.
8. To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious threat to the health or safety of you or other individuals, we may use or disclose you health, intake or treatment information.
9. Military and Veterans. If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
10. National Security and Intelligence Activities. For purposes of intelligence, counterintelligence, and other national security activities, as authorized by law, we may use or disclose your health, intake or treatment information to authorized federal officials.
11. Coroners, Medical Examiners, and Funeral Directors. We may disclose your health, intake or treatment information to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining cause of death, or otherwise necessary to enable these parties to carry out their duties consistent with applicable law.

## E. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION

Except for the purposes identified in Sections B through D, we will not use or disclose your health, intake or treatment information for any other purposes unless we have your specific written authorization. You have the right to revoke written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health, intake or treatment information for the purpose identified in that authorization, except to the extent that we may have already taken some action due to your previously signed authorization.

**Uses and Disclosures Subject to State and Other Laws.** In addition to the federal privacy regulations that require this notice (Called the HIPAA regulations ), there are Georgia and other federal health information privacy laws. These laws on occasion may require your specific written permission prior to disclosures of certain particularly sensitive information (such as mental health, drug/alcohol abuse, or HIV/AIDS information) in circumstances that the HIPAA regulations would permit disclosure without your permission. We are required to comply not only with the HIPAA regulations, but also with any other applicable laws that impose more strict nondisclosure requirements.

## F. YOUR RIGHTS REGARDING YOUR HEALTH, INTAKE & TREATMENT INFORMATION

You have the following rights regarding your health, intake or treatment information. You may exercise each of these rights, in writing.

1. **Right to Inspect and Copy.** You have the right to inspect and copy health, intake and treatment information that may be used to make decisions about your care. We may deny your request to inspect and copy your health, intake or treatment information in certain limited circumstances. If you are denied access to this information, you may request that the denial be reviewed.
2. **Right to Amend.** You have the right to request an amendment of your health, intake or treatment information that is maintained by or for our service provision and center operations. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our center; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health, intake or treatment information made by us. This accounting of disclosures will not include the following: (a) disclosures made before April 14, 2003, (b) disclosures that carry out treatment, payment and center operations, (c) disclosures to an individual regarding their own information, (d) disclosures for national security or intelligence purposes, (e) disclosures to correctional institutions or law enforcement officials.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health, intake or treatment information use or disclosure about you for treatment, payment or center operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health, intake or treatment in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
6. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

## G. QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint, in writing, with our center or with the HHS Office of Civil Rights (OCR). There will be no retaliation for filing a complaint with OCR.

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Room 509F, HHH Building  
Washington, DC 20201  
[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

Challenged Child and Friends, Inc.

Northeast Georgia's Early Intervention Center

**P.O. Box 5758**

Gainesville, Georgia 30504

770-535-8372 (Phone)

770-535-0252 (Fax)

I, (Parent(s) Name(s), \_\_\_\_\_), acknowledge and agree that I have received a copy of Challenged Child and Friend's Notice of Privacy Practices.

Names of Enrolled Child(ren): \_\_\_\_\_

Parent(s) Signatures

Date

**OR....**

Legal Guardian or Other Custodial Appointment (Must be confirmed by legal document)

If Signature by Legal Guardian or Other Custodial Appointment, please identify

Relationship to Enrolled Child: \_\_\_\_\_

[Indicate Agency, if applicable]

Date of Signature: \_\_\_\_\_

.....  
For Center Use Only:

Challenged Child and Friends, Inc. made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of CCAF Staff Member

\_\_\_\_\_  
Date