

HIPPA Privacy Notice

The following notice will be offered to every Choices service recipient or their parent or guardian at intake and is posted on Choices Web site at www.ChoicesTeam.org.

HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

INTRODUCTION

Choices, Inc. understands that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information.” “Protected health information” includes any individually identifiable information that we obtain from you or others that relates to your child’s past, present or future physical or mental health, the health care you have received, or payment for that health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of this protected health information. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a written copy of our most current privacy notice from the local Privacy Officer at your Choices site.

PERMITTED USES AND DISCLOSURES

We can use or disclose your child’s protected health information for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a brief definition.

- *Treatment* means the provision, coordination or management of health care, including consultations between health care providers regarding care and referrals for health care from one health care provider to another.
- *Payment* means the activities we undertake to obtain reimbursement for the health care provided, including billing, collections, claims management, determinations of eligibility and coverage and utilization review activities. Federal or State law may require us to obtain a written release from you prior to disclosing certain specially protected health information for payment purposes, and we will ask you to sign a release when necessary under applicable law.
- *Health care operations* means the support functions of our agency related to treatment and payment, such as quality assurance activities, case management, receiving and responding to client comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use protected health information to evaluate the performance of our staff who care for your child. We may also combine health information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. In addition, we may remove information that identifies your child so that others can

use the de-identified information to study health care and health care delivery without learning personal identities.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to using and disclosing information for treatment, payment and health care operations, we may use protected health information in the following ways:

- We may contact you to provide appointment reminders for treatment or medical care.
- We may contact you to tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may disclose to your family or friends or any other individual identified by you protected health information directly relevant to such person's involvement with your care or payment for your care. We may use or disclose protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your child's care of your location, general condition or death. If you are present or otherwise available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not present or otherwise available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
- When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- Subject to applicable law, we may make incidental uses and disclosures of protected health information. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.
- We may use or disclose protected health information for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular type of service. All research projects are subject to a special approval process which balances research needs with a client's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- We will use or disclose protected health information about your child when required to do so by applicable law.

SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your child's protected health information:

- *Organ and Tissue Donation.* If your child is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- *Worker's Compensation.* We may release health information to programs that provide benefits for work-related injuries or illnesses.
- *Public Health Activities.* We may disclose health information for public health activities, including disclosures:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;

- to report child abuse or neglect;
- to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report 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 condition;
- to notify the appropriate government authority if we believe that an enrollee has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- *Health Oversight Activities.* We may disclose health information to Federal or State agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws or regulatory program standards.
- *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose health information about your child in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if the Practice is given assurances that efforts have been made by the person making the request to tell you about the request or to obtain an order protecting the information requested.
- *Law Enforcement.* We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime under certain limited circumstances;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct on our premises; and
 - In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- *Coroners, Medical Examiners and Funeral Directors.* We may release health information to a coroner or medical examiner. Such disclosures may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.
- *National Security and Intelligence Activities.* We may release health information about you to authorized Federal officials for intelligence, counterintelligence, or other national security activities authorized by law.
- *Protective Services for the President and Others.* We may disclose health information to authorized Federal officials so they may provide protection to the President or other authorized persons or foreign heads of state or may conduct special investigations.
- *Inmates.* If the enrolled client is an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about him/her to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide health care; (2) to protect the enrolled client's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- *Serious Threats.* As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a

person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

OTHER USES OF YOUR CHILD'S HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request. To request a restriction, you must make your request in writing to the agency's Privacy Officer.
2. You have the right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations. To make such a request, you must submit your request in writing to the agency's Privacy Officer.
3. You have the right to inspect and copy the protected health information contained in your child's medical and billing records and in any other agency records used by us to make decisions about your child, except:
 - (i) for psychotherapy notes, which are notes that have been recorded by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record;
 - (ii) for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - (iii) for protected health information involving laboratory tests when your access is restricted by law;
 - (iv) if your child is a prison inmate, obtaining a copy of his/her information may be restricted if it would jeopardize health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting the enrollee;
 - (v) for protected health information contained in records kept by a Federal agency or contractor when your access is restricted by law; and
 - (vi) for protected health information obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect and copy your health information, you must submit your request in writing to the agency's Privacy Officer. If you request a copy of your health information, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to protected health information if:

- a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person;
- the protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- the request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the enrolled client or another person.

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request an amendment to your son's/daughter's/legal guardian's protected health information, but we may deny your request for amendment, if we determine that the protected health information or record that is the subject of the request:
 - (i) was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
 - (ii) is not part of your child's medical or billing records or other records used to make decisions about him or her;
 - (iii) is not available for inspection as set forth above; or
 - (iv) is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your health information, you must submit your request in writing to the agency's Privacy Officer, along with a description of the reason for your request.

5. You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:
 - (i) to carry out treatment, payment and health care operations as provided above;
 - (ii) incident to a use or disclosure otherwise permitted or required by applicable law;
 - (iii) pursuant to a written authorization obtained from you;
 - (iv) to persons involved in your care or for other notification purposes as provided by law;
 - (v) for national security or intelligence purposes as provided by law;
 - (vi) to correctional institutions or law enforcement officials as provided by law;
 - (vii) as part of a limited data set as provided by law; or
 - (viii) that occurred prior to April 14, 2003.

To request an accounting of disclosures of your health information, you must submit your request in writing to the agency's Privacy Officer. Your request must state a specific time period for the accounting (e.g., the past three months)

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact the agency's Privacy Officer. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this notice, please contact the agency's Privacy Officer at your location.

Dawn Project:

Julie Reynolds

jreynolds@mdChoices.org

317-205-8285 Direct

NITCH:

Julie Reynolds

jreynolds@mdChoices.org

317-205-8285 Direct

Ohio Choices:

Ann Klein

aklein@hamiltonchoices.org

513-556-5504 Direct

Maryland Choices:

Ayesha Bajwa

abajwa@mdchoices.org

240-683-7302 Direct

DC Choices:

John Kennedy

jkennedy@choicesteam.org

317-507-6434 Direct

Youth and Family Information Sheet

Welcome to Choices! We are excited to serve you in a strength based, family driven, culturally competent way that will be tailored to meet your individual needs. This sheet provides you with information that will help make your time with us successful. If you have any questions, please contact your care coordinator or his/her supervisor.

Behavior Services Management Policy

Choices is committed to providing services that **do not** include the use of restrictive behavior interventions. Choices staff are trained in the use of techniques that maximize the use of relationship building to enhance positive behaviors as well as therapeutic de-escalation techniques that can safely and effectively manage disruptive or even assaultive behavior without the use of restrictive interventions.

Please know that Choices staff will utilize emergency personnel in the event that an individual poses a serious threat to him/herself or others and that the situation cannot be safely managed within this established policy.

Relationship Between Private Providers and Choices

It is likely that you and your Child and Family Team will choose services and supports that will help you and your family meet your goals. Choices employs your care coordinator, but any other service provider or private practitioner chosen by your team will not be a Choices employee, but rather an independent contractor. The contractor may become a member of your team, but will be paid by Choices as a contractor, not an employee.



CLIENT RIGHTS, RESPONSIBILITIES AND GRIEVANCE PROCEDURES

Welcome to Choices. We are committed to providing services that meet your individual needs. Choices provides coordination of services that are tailored to meet the specific needs of each child and family it serves. Care coordinators are responsible for overseeing the development and monitoring of a Plan of Care and facilitating Child & Family Teams that include family, community members, providers, professionals, and others that *you* chose to be involved.

Confidentiality

Individuals receiving behavioral health services have certain rights guaranteed by law. Individuals have the right to confidentiality of communications and of all personally identifying information. Information about you will be kept confidential except in the following circumstances:

- When permission is formally given through a signed release of information;
- If there is suspicion of child/adult abuse and/or neglect;
- If there is belief that the person served is a danger to themselves or others;
- In a medical emergency where information is necessary to protect insure health and safety;
- In response to a valid court order or subpoena;
- To validate an insurance claim.

Clients and families have the following rights:

1. To be treated with consideration and respect.
2. To participate fully on the child and family team.
3. To current, written care coordination plan that addresses mental health and other needs; and that specifies the provision of appropriate and adequate services and supports, either directly or by referral.
4. To view all information regarding you or your child includes a complete interpretation by a qualified professional. This right applies to both custodial and non-custodial parents.
5. To be told of staff changes that affect you or your child, and/or your family and to be assured that treatment will continue uninterrupted to the best of our ability.
6. To know the name and training of anyone who works with you or your child. You can request to examine public records maintained by the appropriate licensing board, and ask the board confirm credentials of a licensee.
7. To be treated fairly. You will not be discriminated against because of race, gender, religion, national origin, age, lifestyle or disability. The treatment provider shall involve the minor's parents before the need of treatment unless parents refuse or there are clear clinical indications to the contrary.
8. To withdraw the consent for services at any time.
9. To receive assistance in talking to a provider if you need language translation or are hearing or speech impaired.
10. To be informed in advance of the reason(s) for discontinuance of service provision and to be involved in planning for the consequences of that event.
11. To receive an explanation of the reasons for denial of services.
12. To file a grievance and to have oral and written instructions for filing a grievance.