

# Cen-Clear Child Services, Inc.

## NOTICE OF PRIVACY PRACTICES

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.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### DEFINITIONS

"Notice" means this Notice of Privacy Practices.

"Protected Health Information" means your individually identifiable health information maintained in any form or medium by Cen-Clear. Protected health information includes the following: health history, medical records, name, address, date of birth, marital status, sex, social security number, information regarding dependents and other similar information that relates to past, present or future medical care.

"You" and "Your" refers to the individual whose protected health information is covered by this Notice.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. We will make a reasonable effort to obtain your written acknowledgement that you received this Notice. This Notice takes effect April 14, 2003. If state laws relating to uses and disclosures of your health information are more stringent than provided for in this Rule, we will follow the more stringent law (this may be the case with some Mental Health uses and disclosures).

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. If we make a significant change in our privacy practices, it will be posted in a clear and prominent location at the facility. Copies will be provided to individuals upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. You will be asked to sign a Consent Form prior to our disclosing your Protected Health Information for treatment, payment, and healthcare operations so that you may be more aware of what information is being shared with others. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** A bill may be sent to you or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Business Associates:** There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. However, we require the business associate to appropriately safeguard your information.

**Research:** We may disclose information to researchers when the information is de-identified or when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Personal Representative:** Under the Rule, this is a person authorized to act on behalf of the individual in making health care related decisions. We will treat an individual's personal representative as the individual with respect to uses and disclosures of the individual's protected health information, as well as the individual's rights under the Rule. In general, a parent or guardian would be the personal representative of an unemancipated minor. However, there are some exceptional circumstances when a parent is not the minor's personal representative: (1) The Mental Health Protection Act permits 14 –18 year-olds to obtain mental health treatment without the consent of his or her parent; (2) A court may grant authority to an adult other than the parent to make treatment decisions for a minor; (3) A parent may agree to a confidential relationship between the minor and the treatment provider; (4) If we reasonably believe that an individual, including an unemancipated minor, has been or may be subjected to domestic violence, abuse or neglect by the personal representative, or that treating a person as an individual's personal representative could endanger the individual, we may choose not to treat that person as the individual's personal representative, if in the exercise of professional judgment, doing so would not be in the best interests of the individual.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law. If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your health information. We may have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Public Health:** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officers health information required for lawful intelligence, counterintelligence, and other national security activities.

**Law Enforcement:** We may disclose medical information to a law enforcement official 1) as required by law pursuant to a warrant, subpoena or administrative summons; 2) upon request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; 3) upon request for identification of a victim of a crime where you are unable to consent or such information is not intended to be used against you, where immediate law enforcement activity depends upon the disclosure and where we determine that is in your best interest to make the disclosure; 4) for the purpose of alerting law enforcement of the death of an individual if Cen-Clear has a suspicion that such death may have resulted from criminal conduct; 5) where Cen-Clear believes in good faith that the protected health information constituted evidence of criminal conduct that occurred on the premises; and 6) to avert a serious threat to health and safety.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof any health information necessary for your health and the health and safety of other individuals, or for the administration of the institution.

**Fund-Raising:** We may contact you to raise funds for our agency.

**Appointment Reminders or Other Information:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medical and billing records. We ask that such requests be made in writing on a form provided by our agency. You may also request access by sending us a letter to the address at the end of this Notice. We will charge a fee for the cost of copying and mailing the records. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We will provide you with this information in the time frames established by law. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Please note that an accounting will not apply to any of the following types of disclosures: for reasons of treatment, payment or health care operations; to you or your legal representative, or any other individual involved with your care; to correctional institutions or law enforcement officials; and for national security purposes. Your request should be made in writing on a form provided by our agency to the contact person designated in this Notice below.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Your request must be made in writing to the contact person designated in this Notice below.

**Alternative Communication:** You have the right to receive confidential communications of your health information. You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing using a form provided by our agency. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We ask that you use the form provided by our agency to make such requests. We may deny your request under certain circumstances.

**Notice:** You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## **QUESTIONS AND COMPLAINTS**

If you are concerned that we may have violated your privacy rights, contact the person listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact: Privacy Officer**      **Telephone:** 814-342-5678      **Fax:** 814-342-2755      **Address:** 1633 Philipsburg Bigler Highway  
Philipsburg, PA 16866