

# Child and Family Charities

## PRIVACY NOTICE

*This notice describes how health and other personal information about you may be used and disclosed, your access to this information, and our obligation to keep information private and confidential.*

Effective April 14, 2003

### Introduction

The Federal Government passed legislation in 1996 called the **Health Insurance Portability and Accountability Act (HIPAA)**. One of the provisions of the act emphasizes our legal obligation to protect information about you, the consumer of our services. This information includes your name, address, social security number, date of birth, health insurance, physical and mental health condition, treatments and prior services you may have received, diagnosis, plan of care, and the observations of others. These examples of consumer information are known as **Protected Health Information (PHI)** and are used for a number of purposes that are explained in this Notice. Attached to this notice is a document requesting your signature as acknowledgement that you are aware of our obligation to protect your privacy and information about you. This is part of our overall commitment to provide services of the highest quality.

Child and Family Charities is required by HIPPA to follow the terms of this Notice. We will not use or disclose Protected Health Information (PHI) about you without your written authorization, except as described in this Notice.

### How We May Use And Disclose Protected Health Information

We may use and disclose your Protected Health Information in various ways, including:

#### *Uses for Service Delivery, Payment, and Quality Improvement:*

- **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your care and related services. This includes the coordination or management of your care with another person such as a doctor, therapist, caseworker, or family member, as appropriate and necessary.
- **Payment:** We may use and disclose PHI about you so that services you receive at Child and Family Charities may be billed and paid for. Examples include health insurance companies as well as county, state, and federal funding sources.
- **Quality Improvement:** We may use or disclose your PHI for internal purposes in order to maintain or improve program services. This can include quality assessment; accreditation, licensing or business management; and general administrative activities. These uses and disclosures are necessary to make sure that all of our clients receive the highest quality of services.
- **Education:** Information about you may be shared during the training of our professional staff and student interns, as well as case consultation and clinical supervision meetings.
- **Service Alternatives:** We may use and disclose PHI in helping you to arrange for other services.
- **Research:** Under certain circumstances, we may use and disclose PHI about you for research purposes. Before PHI is used or disclosed, the research project must comply with Federal and State law.
- **If we disclose your PHI to another person or entity, we must do so consistent with Federal and State law and regulation (for substance abuse, 42 CFR Part 2). In many instances, this requires you to sign an authorization allowing us to provide that information to the other party. If you do not sign an authorization, there are circumstances where we may not be able to provide services to you.**

### *Uses and Disclosure Without Your Authorization:*

- **Health Risk or Death:** To prevent, control or report disease, injury, disability or death.
- **Abuse, Neglect or Domestic Violence Reporting:** To alert State or local authorities if we know or suspect someone is a victim of child abuse, neglect, or domestic violence.
- **Duty to Warn:** To alert authorities or medical personnel if we believe someone is at risk of injury by means of violence.
- **Health Oversight:** Your PHI may be provided to oversight and regulatory agencies for audits, civil or administrative reviews, proceedings, inspections, and licensing activities.
- **Legal Proceedings:** If you are involved in a legal action, we may disclose your PHI in response to a court order.
- **Law Enforcement:** Your PHI may be given to law enforcement in response to a court order or to report a crime.

### **Your Rights Regarding Personal Health Information**

We may only use and disclose PHI as generally described in this Notice or according to laws that apply to us. You have the following rights regarding your PHI:

- ✓ **Right to Inspect and Copy.** You have the right to inspect and copy PHI that we maintain. If you request a copy of the information we may charge a copying fee. We may deny your request to review and copy in a few limited circumstances. If your request is denied, you may ask that the denial be reviewed by contacting Child and Family Charities' Privacy Officer.
- ✓ **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend your PHI. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, the current information is accurate and complete, or if we did not create the information.
- ✓ **Right to an Accounting of Disclosures.** You have the right to request a list of our disclosures for purposes other than your care or treatment, payment or health care operations, disclosures made to you or your representative, authorized by you, or made to law enforcement personnel.
- ✓ **Right to Request Confidential Communications.** You have the right to make a reasonable request that we communicate PHI to you in a certain way or at a certain address. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests.
- ✓ **Uses Requiring Patient Authorization.** There are some uses of your PHI that require client authorization. If your health information is requested for a use that requires your approval or authorization, you will be told why your information is requested, who is asking for the information and what information is requested. You will also be told how you may revoke your authorization.

*All requests involving these rights must be made in writing to Child and Family Charities Attention Privacy Officer.*

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint by submitting in writing a statement to the agency Privacy Officer:

Liz Gonzalez  
Child and Family Charities  
4287 Five Oaks Drive  
Lansing, MI 48911  
(517) 882.4000 ext. 124  
liz@childandfamily.org

You may also contact the U.S. Department of Health and Human Services, 201 Independence Avenue SW, Washington DC, 20201 or by calling HHS at 1-877-696-6775.

**CONSENT TO TREAT &  
ACKNOWLEDGEMENT OF RECEIPT OF RIGHTS**



I, \_\_\_\_\_, agree to participate in the assessment  
(Name of client)

and/or therapy services offered by the Family Services Program of Child and Family Charities. Therapy may include individual, group, marital and/or family therapy. Whenever possible, the development of my treatment plan will be a collaborative process involving my therapist, myself, and as indicated, my family or other support system, and/or other professionals involved in my care. I understand that consent may be withdrawn and participation discontinued at any time.

(Please initial the boxes)

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**CONSENT FOR EVALUATION AND COUNSELING**

I acknowledge that I am voluntarily authorizing treatment at Child and Family Charities, for myself, and/or for my dependent(s) \_\_\_\_\_

I agree to follow the treatment plan as discussed with my therapist. I recognize that my treatment may be discontinued by the Agency if I do not comply with the treatment plan. Other treatment alternatives may be offered if I do not agree with the treatment plan.

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**ACKNOWLEDGEMENT OF RECEIPT OF: CONSUMER RIGHTS/RESPONSIBILITIES**

I have received a copy of the Child and Family Charities, Consumer Rights and Responsibilities Brochure. I understand that if I wish to make a complaint about Child & Family Services, I can follow the steps listed in the brochure. These rights and confidentiality have been explained and all my questions have been fully explained to my satisfaction.

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**ACKNOWLEDGEMENT OF RECEIPT OF: PROGRAM INFORMATION BROCHURE**

I have received a copy of the Family Services Division Program Information Brochure.

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**SUBSTANCE ABUSE EVALUATION SERVICES (if applicable)**

As a client of Child and Family Charities, my recipient rights and notice of confidentiality rights have been explained to me. I have been given a copy of both these documents and I understand their contents.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Witness Signature

\_\_\_\_\_  
Date

**CHILD & FAMILY CHARITIES**  
**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of Child & Family Services, Capital Area's **Notice of Privacy Practices**.

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Printed Name of Client

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Signature of Client

Date

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Signature of Guardian

Date

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Signature of Witness

Date

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**If the client does not sign this acknowledgement, please identify what effort was made to obtain an acknowledgement:**

- ☐ Client given a copy of the Notice but refused to sign form.
- ☐ Client unable to sign acknowledgement related to:
  - ☐ Mentally Incompetent
  - ☐ Language Barrier
  - ☐ Minor Child
  - ☐ Other
- ☐ Other Explanation:

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Signature of Provider Employee

Date