

**NOTICE OF PRIVACY PRACTICES
OF
WYOMING VALLEY CHILDREN'S ASSOCIATION**

**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**

Effective: November 2003

If you have any questions or requests, please contact:

Wyoming Valley Children's Association
71 North Franklin Street
Wilkes Barre, PA 18701
Phone Number: (570) 829-2453
Fax Number: (570) 829-2462

PROTECTED HEALTH INFORMATION

Wyoming Valley Children's Association is committed to protecting the privacy of your protected health information. Protected Health Information (PHI) is your individually identifiable health information. PHI includes demographic information collected from you or created or received by a health care provider, a health exam, etc.

In addition to federal and state laws that describe how PHI is disclosed, the HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule requires you be given written Notice about our privacy practices, our legal duties, and your rights concerning PHI.

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.

WVCA is required by law to:

- maintain the privacy of PHI about you
- give you this notice of our legal duties and privacy practice with respect to PHI
- comply with the terms of our notice of privacy practice that is currently in effect

WVCA reserves the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office (Room 106). We will also provide you a copy of the revised Notice upon your request made to our Executive Director.

I. How Wyoming Valley Children's Association Uses and Discloses Your Health Information:

WVCA provides a range of services through a variety of health and human services programs. If you receive services from a WVCA program, we may use your protected health information and disclose it to other health and human services programs to:

- a) plan and provide your care and treatment
- b) communicate with health care professionals who care for you
- c) describe the care you receive
- d) obtain reimbursement from private insurers or other government programs
- e) verify that services billed were actually provided
- f) educate health professionals
- g) inform public health officials charged with improving healthcare
- h) assess and improve the services provided and the outcomes achieved
- i) pay for services you receive
- j) inform you about other public programs and services

WVCA will not use or disclose your protected health information except as described in this notice, or otherwise authorized by law.

II. Your Health Information Rights:

You have the right to:

- a) request a restriction on certain uses and disclosures of your protected health information
- b) inspect and copy your protected health information
- c) request amendments to your protected health information
- d) obtain an accounting of disclosures of your protected health information
- e) request communications of your protected health information by alternative means or at an alternative address
- f) revoke our consent to use or disclose protected health information to the extent that it has not already been relied upon
- g) file a complaint to WVCA and/or the Secretary of the U.S. Department of Health and Human Service if you believe your privacy rights have been violated

III. WVCA's Program Duties:

The WVCA has a duty to:

- a) maintain the privacy of your protected health information
- b) provide you with a notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you
- c) abide by the terms of this notice
- d) notify you if we are unable to agree to a requested restriction
- e) accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address
- f) provide an accounting of disclosures of your protected health information

WVCA may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us.

IV. For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact the Executive Director at (570) 829-2453.

If you believe your privacy rights have been violated, you can file a complaint with the Executive Director or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

V. Examples of Disclosures for Treatment, Payment and Health Operations:

- a) We will use your health information for treatment.
For example: Information obtained by a physician, or other member of the Staff at WVCA will be recorded in your record and used to determine the course of treatment that should work best for you.
- b) We will use your health information for payment.
For example: 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 suggested follow-up.

- c) We will use your health information for regular health operations.
For example: Designated staff members may use information in your health record to evaluate the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

VI. Others Who May Receive Your Health Information

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.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Funeral Directors: We may disclose health information to funeral directors to carry out their duties, as required by law.

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

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.

Law Enforcement: We may disclose health information for law enforcement purposes.

Abuse or Neglect: We may disclose your protected health information to a government authority that is authorized to receive reports of abuse, neglect, or domestic violence.

Legal Proceedings: Course of judicial proceedings.

CONSENT TO THE USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

I, _____, understand and agree that Wyoming Valley Children’s Association may use and disclose protected health information (including but not limited to name, address, health history, symptoms, examination and test results, diagnosis and treatment) for treatment, payment or healthcare operations. I understand that I must consent to this use and disclosure in order to participate in the services provided at WVCA.

I understand and have been provided with a copy of the document entitled Notice of Privacy Practices which provides a complete description of potential uses and disclosures of my protected health information. I understand that I have the right to review the Notice of Privacy Practices prior to signing the consent.

I understand that WVCA reserves the right to change its privacy practices and will mail a copy of any revised notice to the address I’ve provided.

I understand that I have the right to request WVCA to restrict how protected health information is used or disclosed to carry out treatment, payment or health care operation. I further understand that the Program is not required to grant any request to restrict the use or disclosure of information. If, however, the Program agrees to a requested restriction, the restriction is binding on the Program.

I agree that I have the right to revoke this Consent in writing, except to the extent the Program, or service has relied upon it.

I HAVE READ AND UNDERSTAND THIS INFORMATION. I HAVE RECEIVED A COPY OF THIS FORM AND I AM THE CLIENT OR AM AUTHORIZED TO ACT ON BEHALF OF THE CLIENT TO SIGN THIS DOCUMENT VERIFYING CONSENT TO THE ABOVE STATED TERMS.

DATE: _____

Print Name of Client

Signature of Client or Personal Representative

Please Print Name

Signature of WVCA Service Coordinator