

SCHREIBER CENTER FOR PEDIATRIC DEVELOPMENT
ADMINISTRATIVE POLICIES AND PROCEDURES

POLICY: Program Services
SECTION: Notice of HIPAA Privacy Practices

POLICY NO. 502
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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW
CLIENTS AND/OR FAMILIES OR GUARDIANS CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

I. POLICY

The Center is required by federal privacy rules to maintain the privacy of client health information and to provide client and/or Parent/Guardian notice of our legal duties and privacy practice with respect to protecting the confidentiality of health care information.

II. PURPOSE

The Center maintains an appropriate system for maintaining confidentiality of medical information in accordance with the Health Insurance Portability and Accountability Act of 1996 and appropriate state regulations as required.

III. RESPONSIBILITY

It is the responsibility of the President and Privacy Official to administer policies related to privacy and confidentiality of medical information. Department managers are responsible for compliance at departmental level.

IV. PROCEDURE:

A. Privacy & Confidentiality Notice

The Client and/or his/her family and/or legal guardian(s) shall be advised of the Center's policy on privacy and confidentiality at time of intake. The client or his/her family and/or legal guardian(s) will be requested to acknowledge having been advised of the Center's privacy and confidentiality practices and such acknowledgement shall be maintained in the clients' permanent records.

B. Use and Disclosure of Protected Health Information

Some examples of how we may use and/or disclose your protected health information for:

1. Treatment

- a. During a visit, other staff involved may review medical record and share or discuss medical information with each other.
- b. Your medical information will be shared and discussed with requesting physician.
- c. A client sign-in sheet in the working area is accessible to others will be used.
- d. You may be contacted to remind you of appointment or schedule changes.

2. Financial

- a. Sharing of required information with your health insurer to determine eligibility for coverage.
- b. Submission of a claim form to health insurer.
- c. Mailing invoices notification in envelopes with Center name and return address.
- d. Provision of a financial notice or invoice to family member or other designated responsible for services rendered to the client.
- e. Providing medical records and other documentation to others to support the medical necessity for service.
- f. Providing information to an agency or our attorney for purpose of securing payment or response to legal claim.

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3. Health Care Operations
 - a. Quality assessment and improvement activities.
 - b. Conduct training of students.
 - c. Accreditation, certification, licensing or compliance monitoring programs.
 - d. Health care fraud and abuse detection and compliance programs.
 - e. Conduct medical reviews, legal response and auditing functions.
 - f. Business planning and development activities such as conducting cost management and planning related analyses.
 - g. Other business management and general administrative activities as required by legislation and/or resolution of grievances.
4. Other Public Health Activities
 - a. Required reporting of communicable disease.
 - b. Child abuse and neglect reporting.
 - c. Adverse outcome or event reporting to state agencies.
 - d. OSHA requirements for work place surveillance or injury reports.
5. Law Enforcement Purpose
Comply with legal processes such as subpoena or court order.
6. Business Associates
 - a. Software vendor
 - b. Consultant on financial matters.
7. Fundraising
 - a. Demographic information may be used by the Center to contact clients and/or families or guardians about the various events or activities that are utilized to raise funds to support the Center's charitable mission.
 - b. Individuals who do not wish to be included in the Center's fund raising activities may elect to opt-out by sending written notice to the Center's Financial Development Department.

C. Client Privacy Rights

1. Use and Disclosures with Authorization
 - a. For other purposes that do not fall under a category listed above, clients, families or authorized guardian may request that the Center future release restricted health information.
 - b. To request further release, client or authorized individual will note those individuals or entities with whom information sharing is authorized on the Center's Authorization for Release of Information (Attachment A) in the section "Other(s)".
 - c. No information will be released to another organization, without written consent of the client and/or his/her parent/legal guardian(s) on the appropriate release form or subpoena. A copy of the Center's Authorization for Release of Information is included for reference. This consent must specify the following:
 - (1) The records or information to be covered by the release.
 - (2) The reason for the release.
 - (3) The person/organization to whom the information is to be released.The consent can be withdrawn at any time; such withdrawal must be in writing.

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d. The authorization will be completed upon admission and will expire sixty (60) days from the date of discharge from all Schreiber services, or until such time as the client and/or his/her parent/legal guardian(s) advise otherwise. Confidentiality procedures will be shared with the family when initial authorization is completed, and will be available for review upon request.

e. Records released to the Schreiber Center for Pediatric Development from another organization will not be released by the Center to a third organization or any individual without written authorization from the initial custodian of the records.

f. Electronic communication between Schreiber and those with whom we are authorized to share information, including fax and email, will be undertaken with appropriate discretion to maintain privacy of client. A disclaimer will be attached to the end of each electronic communication instructing receiver in handling of the correspondence, as follows:

"This message (including any attachments) contains information intended for a specific individual(s) and purpose that may be privileged, confidential or otherwise protected from disclosure pursuant to applicable law. Any inappropriate use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalty. If you have received this transmission in error, please reply to the sender indicating the error and delete the transmission from your system immediately."

2. Confidential Communication

Clients and/or family or guardian may request that communication of protected health information be by certain method or location. Such requests are to be noted on Authorization for Release of Information form.

3. Accounting of Disclosures

a. Clients and/or family or guardian may request an "accounting" of certain disclosures to protected health information by the Center. This right is limited to state or federal status. To request an accounting, a formal written request must be submitted to the Center's Privacy Official.

b. All client medical records will be kept in the designated Medical Records File Room. Medical Records will account for all records on a daily basis, and the Medical Records File Room will be locked every night. When any client record is removed from the Medical Records File Room, it must be signed out on the appropriate form. The designated "sign-out" card will be placed in the file where the record is normally filed. Upon return of the record, the sign-out card will be removed after noting the return of the file.

The management and control procedure of the protected health information to comply with these requirements is outlined and defined in Policy 504 – Medical Records Management and Control.

4. Inspection and Copying

a. Clients and family or guardian have the right to inspect and obtain copy of their protected health information that is maintained in the Center's medical records. This right is subject to legal statute and a charge set by the state will be used to cover cost and labor.

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- b. To access file or obtain a copy, a written request must be submitted to the Center's Privacy Official, specifying the following:
 - (1) Identify health information which access is requested.
 - (2) State method of access desired: inspection, pick up copy, mail copy, etc. Provide sufficient data for Center to determine legality of requester.

5. Right to Amendment

A client, family or guardian(s) who believes that information maintained by the Center to be inaccurate, misleading or violates the privacy or other rights, may request that the information be amended by:

- a. Forwarding, in writing, such request outlining the specific regards to be amended and the reason the amendment is requested.
- b. The Center, within forty-five (45) days of receipt of request shall advise requester of its decision to amend or not.
- c. If the Center decided not to amend, the requester shall be advised of their rights to have a statement commenting on disputed information included in the client's record, and they may request a formal hearing on their request through use of the Center's Policy 126 - Patient Grievance Policy, which outlines both internal and external hearing rights.

6. Copy of policy

A client, family or guardian, upon request, can obtain a paper copy of the Center's Confidentiality and Security of Protected Health Information Compliance by contacting Privacy Official, Treating Therapist or Special Education Teacher. The policy is also available in a binder in the Lobby and on the Center's website.

D. Change to Policy

The Center reserves the right to change this policy at any time and reserves the right to make any change effective for all protected health information that the Center is maintaining at the time of the change.

E. Complaints

Clients' families or guardian(s) who believe that the Center has violated their privacy rights may submit complaint to the Center's Privacy Official, who would respond as outlined in its Patient Grievance Policy #126 or to the Secretary of Health and Human Services. All complaints are to be submitted to the Privacy Official in writing. No retaliation is to be taken toward anyone submitting a complaint.

V. Legal Affect of the Policy

This policy is not intended to create contractual or other rights independent of those created in the federal privacy rule.

VI. Date prepared and approved: 3/14/2003

VII Date reviewed/revised: 7/11/2008, 4/8/2011, 9/2012, 10/2024

President