

**NOTICE OF PRIVACY PRACTICES  
OF  
Children's Respite Care Center**



**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:9-4-03  
Version 1**

**If you have any questions, would like more  
information, or you do not understand this Notice  
of Privacy Practices please contact:**

Lori Maire- Privacy Officer  
5321 S 138<sup>th</sup> Street  
Omaha, NE 68137  
402-895-4000  
[lmair@crccomaha.org](mailto:lmair@crccomaha.org)

## **Our Pledge Regarding Medical Information**

The privacy of your medical information is important to us. We understand that your child's medical information is personal and we are committed to protecting it. We create a record of the care and services your child receive at CRCC. We need this record to provide quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about your child. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### **We are required by law to:**

- **Make sure that medical information about your child is kept private;**
- **Give you this Notice of our legal duties and privacy practices; and**
- **Follow the terms of the privacy notice that are currently in effect.**

## **How We May Use And Disclose Medical Information About Your Child For Treatment-**

We may provide medical information about your child to Doctors, Nurses, Nursing Students, Therapists, Educators or other personnel who take care of your child.

**EXAMPLE:** Calling your child's Doctor and verifying a prescription or medication or calling your Doctor with a progress report.

## **For Payment-**

We may use medical information about your child so that the treatment and services your child receives can be billed and payment may be collected from you, an insurance company or another third party.

**EXAMPLE:** We may need to give your child's insurance company information about a therapy your child is going to receive to obtain approval or to determine whether your health plan will cover the therapy.

**For Healthcare Operations-**We may use and/or disclose your PHI for all activities that are included within the definition of "health care operations" as set out in the HIPAA Privacy Regulation.

**EXAMPLES:** Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills. Reviewing and improving the quality, efficiency and care that we provide to your child or other children. We have not listed in this Notice all of the activities included within the definition of "health care operations," so please refer to the HIPAA Privacy Regulation for a complete list.

## **Other Permitted uses and Disclosures that may be made without consent:**

■ We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object however CRCC may never have a reason to make some of these disclosures. Those circumstances include:

- *Required by law-* We will provide medical information about your child when required by federal, state or local law or other judicial or administrative proceeding.
- *Public health activities-* we may provide information about your child that has been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- *To report victims of abuse, neglect or domestic violence.*

- *Health oversight activities*- We may provide medical information to a health oversight agency for activities allowed by law. Oversight activities that allow the government to monitor the health care system, government programs and compliance with civil rights laws include audits, investigations and inspections.
- *Lawsuits and Disputes*- We may provide medical information about your child in response to a court or administrative order. We may also provide medical information about your child in response to a subpoena.
- *Law enforcement purposes*- We may provide medical information if asked to do so by a law enforcement official. Response to a court order, subpoena, warrant, summons or similar process.
- *Coroners, Medical Examiners and Funeral Directors*- To identify a person who has died or to determine the cause of death.
- *Organ, eye or tissue donation process*- If your child is an organ donor, we may provide medical information to organizations that handle organs for organ, eye or tissues transplantation or to an organ donation bank.
- *Medical research*- we may provide medical information about your child to people preparing for a research project.
- *To avert a serious threat to health and safety*- we may use and provide information about your child to prevent or lessen a serious and imminent threat to the health or safety of a person or public.
- *Relates to specialized government functions*- we may provide medical information about your child if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- *Relates to correctional institutions and in other law enforcement custodial situations*- In certain circumstances, we may provide information about your child to a correctional institution having lawful custody of your child.
- *Workers Compensation*- We may provide medical information about your child for worker's compensation or similar programs that provide benefits for work-related injuries or illness.
- *Business Associates*- We may provide medical information to other persons or organizations, known as business associates, who provide services to us under contract. We require our business associates to protect the medical information we provide to them.

### **You can object to certain uses and disclosures.**

Unless you object, we may use or disclose information about your child in the following circumstances:

- *Involved in Your Child's Care or Payment for Your Child's Care*- We may provide medical information about your child to a friend, family member or any other person you say is involved in your child's medical care or in the payment for your child's care. You may identify a person to allow picking up your child's medical supplies for your child. We will provide only the medical information needed to allow the person to complete the task. We may provide medical information about your child with a public or private agency for disaster relief purposes. Even if you object, we may still share information about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of information about your child in the above circumstances, please call or write to our contact person listed on the cover page of this Notice.

**We may contact you with information about treatment, services, products or health care providers.**

We may use and/or disclose information to manage or coordinate your child's healthcare. This may include telling you about treatments, services, products and/or other healthcare providers for your child.

**EXAMPLE:** If your child has diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

**We may contact you for fundraising activities.**

We may provide information about your child to a CRCC fundraising representative and may contact you to help in raising money for CRCC and its operations. We would only release contact information and the dates you received services at our facility. If you do not want to be contacted in this way, you must notify us in writing to our contact person listed on the cover page of this Notice.

**We may contact you to provide reminders.**

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

**Other Uses Of Medical Information**

Other uses of medical information not covered by this Notice or the laws that apply to us will be made only if you agree in writing. If you give us the right to use medical information about your child, you may change your mind, in writing, at any time. If you change your mind, we will no longer use the medical information for the reasons covered by your written request. You understand that we cannot take back any information that we have already released with your written agreement and that we are required to retain records of the care we provide.

**Your Rights Regarding Medical Information About Your Child****Right to Request Restrictions:**

You have the right to request that we limit the medical information we use or disclose about your child for treatment, payment or health care operations. You also have a right to ask for a limit on the medical information we provide about your child to someone who is involved in your child's care or the payment of care, like a family member or friend. We do not have to agree with your request. If we do agree to a limitation, we will follow your request unless the information is needed to provide emergency treatment. You must request a limitation in writing. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply

**Right to Ask for Private Communications-**

You have the right to ask that we communicate with you about your child's medical matters in a certain way or at a certain place. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. Your request must say how or where you wish to be contacted.

**Right to Look At and Copy**

You have the right to look at and copy medical information that may be used to make decisions about your child's care. Usually this includes medical and billing records. Your request must be in writing. If you ask for a copy of information, we may charge a fee for the cost of copying, mailing or other supplies needed to meet your request. There are certain situations in which we are not required to comply with your request. Under these

circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

### **Right to Change-**

If you feel that medical information we have about your child is not correct, you may ask us to change the information. You have the right to ask for a change as long as the information is kept by Children's Respite Care Center.

Your request for a change must be in writing and sent to the Client Care Coordinator. In addition, you must provide a reason that supports your request for a change.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to change information, if the information is:

- Not created by Children's Respite Care Center
- Not part of the information kept by Children's Respite Care Center
- Not part of the information you would be allowed to look at and copy under the law
- Correct and complete

### **Right to an Accounting of Disclosures**

- You have the right to ask for an accounting of disclosures, which is a list of medical information given out about your child. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before September 4, 2003. Your request should indicate in what form you want the list to be provided to you: for example, on paper or electronically.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

### **You have the right to a copy of this Notice.**

You have the right to request a paper copy of this Notice at any time by contacting CRCC's Privacy Officer. You may also get a copy of this Notice at our website, [www.crccomaha.org](http://www.crccomaha.org)

### **Complaints**

If you think your child's privacy rights have been violated, you may complain to CRCC's Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

### **Contact**

Children's Respite Care Center  
5321 S 138<sup>th</sup> Street  
Omaha, Nebraska 68137  
Privacy Officer  
(402) 895-4000

### **Effective Date of this Notice**

This notice was published and first became effective on 9-4-03