



NOTICE OF PRIVACY PRACTICES

Effective Date: 1-15-18

Version #2

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.

We maintain health records that contain the personal information about our clients, which may include you or your child. Information in our possession that may identify you or your child and relates to past, present or future physical health or mental health, its treatment, or the payment for our services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") and the regulations promulgated thereunder, including the HIPAA Privacy, Security, and Breach Notification Rules. It also describes your rights regarding how you may access to and control your or your child's PHI.

We are required by HIPAA to maintain the privacy of your and your child's PHI and to provide you with this Notice of Privacy Practices (or "Notice"), which explains our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain. We will provide you with a copy of the revised Notice by posting a copy on our website, sending a copy to you in the mail upon request or providing you a new copy in person at one of our physical locations.

If you have any questions, would like more information, or you do not understand this Notice of Privacy Practices please contact the Privacy Officer at 402-895-4000.

Our Pledge Regarding Protected Health Information

We will make every effort to protect your and your child's PHI. We create a record of the health care services you or your child receive(s). This record helps us to provide quality care and meet legal requirements. This notice covers all records of your or your child's care created or maintained by Children's Respite Care Center, Inc. ("CRCC").

How We Use and Disclose Protected Health Information about You or Your Child

The following describes how CRCC staff may use or disclose PHI. The descriptions we provide are general and do not necessary cover every example of a disclosure permissible under the category. Unless indicated otherwise, these uses and disclosures do not require your consent or authorization.

For Treatment. You or your child's PHI may be used and disclosed by those who are involved in your or your child's care for the purpose of providing, coordinating or managing your or your child's health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may provide your or your child's PHI to Doctors, Nurses, Therapists, Rehab, Educators or other personnel who provide care for you or your child.

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

We may share your or your child's PHI with providers and organizations outside CRCC that provide you or your child with ongoing health care.

For Payment. We may use and disclose PHI so that we may receive payment for the treatment services provided to you or your child.

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 insurance will cover the therapy.

We may share your or your child's PHI with providers and organizations outside CRCC for their payment purposes.

For Healthcare Operations. We may use PHI about you or your child for health care operations.

EXAMPLES: We may use PHI to review our treatment, services and the performance of our staff. We may combine health information about persons we serve to decide what additional services we should offer or what services are not needed. We may also provide training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks) to help them practice or improve their skills.

Individuals Involved in Care. We may disclose your or your child's PHI to close family members, friends directly involved in your or your child's treatment, or others that you have identified unless you object to the disclosure.

Incidental Uses and Disclosures. There are certain uses and disclosures of your or your child's PHI that occur when we are providing services to you or your child or conducting other business. For example, your name may be called in a waiting room where others will overhear it. We will make reasonable efforts to limit these incidental uses and disclosures.

Required by Law. Under HIPAA, we must disclose your or your child's PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Business Associates. We may provide PHI to other persons or organizations, known as business associates, who provide services for us under contract. Business associates are required by HIPAA to protect the PHI we provide to them.

Appointment Reminders. We may use and provide PHI to contact you as a reminder that you or your child have an appointment with us. If you do not want to be contacted for appointment reminders, you must contact the Privacy Officer in writing.

Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising. From time to time, fundraising communications may be sent to you by us or on our behalf. You have the right to opt out of such fundraising communications with each solicitation you receive.

Research. Your or your child's PHI may only be disclosed for research purposes after a special approval process.

Marketing Services and Sale of PHI. Except for a limited set of circumstances, CRCC will obtain your consent before using your or your child's PHI for marketing purposes or selling it to third parties.

Uses and Disclosures Requiring Authorization. The following uses and disclosures will be made only with your written authorization: (i) certain uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) most disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of

Privacy Practices. Your written authorization may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization.

Abuse, Neglect, or Domestic Violence. If we suspect you or your child is a victim of abuse, neglect, or domestic violence, we may disclose your or your child's PHI to a state or local agency that is authorized by law to receive reports of this type. Unless the report is required by law, we will only make this disclosure if you agree to it.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose your or your child's PHI in response to a court or administrative order. We may also disclose your or your child's PHI in response to a subpoena, discovery request, or similar process, but only if reasonable efforts have been made to notify you of the request or a court order is obtained protecting the PHI disclosed.

Deceased Persons. We are required to protect PHI for fifty (50) years after death. Following your or your child's death, we may disclose your or your child's PHI as mandated by state law, to a coroner, medical examiner or funeral director, your or your child's personal representative, and we may disclose your or your child's PHI to a family member or friend that was involved in the care or payment for care prior to death, unless you previously restricted such disclosures.

Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Such health oversight agencies may include government agencies, organizations that provide financial assistance to the program (such as third-party payors based on your prior consent), and peer review organizations performing utilization and quality control, among others.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law; in compliance with a subpoena, court order, administrative order or similar process; for the purpose of identifying or locating a suspect, material witness or missing person; if you or your child are a victim of a crime; to alert authorities of a death we believe may be the result of criminal conduct; in connection with the reporting of a crime in an emergency, the identity, description, or location of the suspect; or in connection with a possible crime on the premises.

Specialized Government Functions. We may disclose your or your child's PHI to federal officials for intelligence, counterintelligence or other national security activities authorized by law. This would include for purposes of protecting the President, or other persons or foreign heads of state or to conduct special investigations. If you are a member of the military or otherwise seek certain security clearance, we may disclose your PHI to the military or governmental agency in certain circumstances.

Public Health. We may disclose your or your child's PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. We may disclose your or your child's PHI in order to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease. If applicable, we may disclose your or your child's PHI to the FDA-regulated entities for monitoring or quality, safety, or effectiveness authority.

Public Safety. Under certain circumstances, we may disclose your or your child's PHI, if we believe the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The disclosure may be made to the individual who may be able to prevent or lessen the threat or to law enforcement to identify or apprehend an individual involved in a crime.

Organ and Tissue Donation. In certain circumstances, we may disclose your or your child's PHI to organizations that handle organs for organ, eye, tissues transplantation, or to an organ donation bank.

Workers Compensation. We may disclose your or your child's PHI as authorized by law and in order to comply with worker's compensation or similar programs, established by law, that provide benefits for work-related injuries or illness.

Your Rights to Your or Your Child's Protected Health Information

You have the following rights regarding PHI we have about you or your child.

Right to Access. You have the right to look at and copy PHI that may be used to make decisions about your or your child's care. Usually, this includes medical, behavioral healthcare and billing records. This may not include psychotherapy records.

You must send to CRCC your written request to look at and copy your or your child's PHI. Your request should include the form or format in which you would like to receive your or your child's PHI, and we must provide you with it in that form or format, if it is readily producible by us. We may charge you a cost-based fee for the costs of copying, mailing or other supplies needed to meet your request. You may direct us to send your or your child's PHI to another person, and such a request must include the name and location for delivery.

In most cases, we have thirty (30) days to respond to your request. We may deny your request to look at and copy PHI. In that case, you may request that the denial be reviewed. A licensed health care professional designated by CRCC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will follow the outcome of the review.

Right to Request an Amendment. If you feel that the medical information we have about you or your child is not correct, you may ask us to amend the information. You have the right to ask for an amendment as long as the information is kept by CRCC. Your request for an amendment must be in writing and sent to the CRCC Privacy Officer. Your request must provide a reason that supports your request for a change.

In most cases, we have sixty (60) days to respond to your request. We may deny your request for an amendment if:

- The request is not in writing or does not include a reason to support the request;
- The information was not created by the identified Providers, unless the person or company that created the information is no longer available to make the amendment;
- The information is not part of the PHI kept by or for the identified Providers;
- The information is not part of the information you would be allowed to look at and copy under the law; or
- The information is correct and complete.

We must provide you with a written notice of our denial. Our notice will include the reason for the denial and your rights as a result of the denial.

Right to an Accounting of Disclosures. You have the right to ask for an accounting of certain disclosures of your or your child's PHI that we or our business associates have made in the six (6) years prior to your request. To ask for an accounting of disclosures, you must send a request in writing to CRCC's Privacy Officer. Your request must state a time period for the accounting. We will provide you with an accounting free of charge once every twelve (12) months. We may charge for the costs of providing additional lists during that time period. We will notify you of the cost and you may choose to remove or change your request before any costs are incurred.

Right to Request Restrictions. You have the right to request that we limit the PHI we use or disclose about you or your child for treatment, payment or health care operations. You also have the right to ask for a limit on the PHI we provide about you or your child to someone who is involved in your or your child's care or the payment for care, such as a family member or friend.

We must agree with your request when the requested restriction relates to disclosures to a health plan for payment and/or health care operations and the product or service has been paid in full solely out-of-pocket. If we do agree to a limitation, we will follow your request unless the disclosure is required by law.

You must request a restriction in writing to CRCC's Privacy Officer. Your request must say (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 Request Private Communications. You have the right to request that we communicate with you about your or your child's PHI matters in a certain way or at a certain place.

To ask for private communications, you must make your request in writing to Privacy Officer. We will not ask you the reason for your request and we will comply with all reasonable requests. Your request must say how or where you wish to be contacted.

Right to a Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you may ask for a paper copy.

You may get a copy of this Notice at our website, www.crccomaha.org. To obtain a paper copy of this Notice, contact the Privacy Officer at 402-895-4000.

Breach Notification. We are required to notify you if we experience a breach of your or your child's unsecured PHI. The notification will be as soon as possible, and no later than sixty (60) days of the breach. It will include what happened and what you can do to protect yourself.

Complaints

If you believe Children's Respite Care Center, Inc. has violated your or your child's privacy rights or have concerns about our privacy practices, you have a right to file a complaint with our Privacy Officer. All complaints must be made in writing. You will not be penalized for filling a complaint. Your concern should be directed to:

CRCC Privacy Officer
5321 S 138th Street
Omaha, NE 68137
(402) 895-4000
Fax (402) 895-1607

Additionally, you may submit a complaint to:

Department of Health and Human Services
Office for Civil Rights
Hubert H Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

You may also submit a complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>.