



NOTICE OF PRIVACY PRACTICES

This Notice describes how medical and other confidential information about you (or an individual for whom you are the legal guardian) may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

Individually identifiable information about your past, present, or future health condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

Generally, we may use or disclose your PHI as follows:

FOR TREATMENT: We will use/disclose your PHI without your authorization to provide, coordinate, and manage your health care and any related services. For example, we may disclose your PHI among the staff who work at Childhaven, including case managers, therapists, therapeutic child care workers, and nurses. Likewise, our staff may discuss your care in a clinical supervision or at a case conference.

TO OBTAIN PAYMENT: We may use/disclose your PHI in order to bill and collect payment for your health care services at Childhaven. Furthermore, we may disclose your PHI to permit your health plan to take certain actions before approving or paying for your services. These actions may include making a determination of eligibility or coverage, reviewing your services to determine if they were medically necessary and appropriately authorized, justifying the charges, and ensuring the appropriateness of your care. For example, your health plan may ask us to share PHI in order to determine if the plan will approve continued enrollment in our program.

FOR HEALTH CARE OPERATIONS: We may use/disclose PHI about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general ad-

ministrative activities. We may combine PHI of many of our clients to decide what additional services we should offer, what services are no longer needed, and whether certain treatments are effective. We may also provide your PHI to other health care providers or to your health plan to assist them in performing certain of their own health care operations. We will do so only if you have or have had a relationship with the other provider or health plan. For example, we may provide information about you to another provider to assist them in their quality assurance activities. Finally, we may use and disclose your PHI to inform you about possible treatment options or alternatives that may be of interest to you.

USES AND DISCLOSURES OF PHI REQUIRING CONSENT OR AUTHORIZATION

For uses and disclosures beyond treatment, payment, and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

USES AND DISCLOSURES OF PHI NOT REQUIRING CONSENT OR AUTHORIZATION

The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:

EMERGENCIES: We may use and disclose your PHI in an emergency treatment situation. For example, we may provide your PHI to a paramedic who is transporting you in an ambulance.

WHEN REQUIRED BY LAW: We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity. We may also disclose information in response to a court order, or for specific government functions. Additionally, we must disclose PHI to authorities that monitor compliance with these privacy requirements.

FOR PUBLIC HEALTH AND SAFETY: We may disclose PHI about you as necessary for public health activities. For example, to report to public health authorities for the purpose of preventing or controlling disease, injury, or disability, or to notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition.

ABUSE AND NEGLECT: We may disclose PHI to notify the appropriate government agency if we believe an individual is a victim of abuse, neglect, or domestic violence.

FOR HEALTH OVERSIGHT ACTIVITIES: We may disclose PHI about you to a health oversight agency for activities authorized by law. Government oversight agencies include those that oversee the health care system such as State of Washington Department of Health or Department of Social and Health Services Division of Child and Family Services, benefit programs such as Medicaid and DDD, and other programs regulating civil rights laws.

FOR RESEARCH PURPOSES: We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

TO AVERT THREAT TO HEALTH OR SAFETY: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

TO CORRECTIONAL INSTITUTIONS: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or law enforcement official.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

FAMILY, FRIENDS, OR OTHERS INVOLVED IN YOUR CARE: We may share with these people information directly related to their involvement in your care, or payment for your care.

APPOINTMENT REMINDERS: We may remind you in writing or by phone/voicemail that you have an appointment with us. These reminders may be made by note, phone, or voicemail unless you specifically ask us to communicate with you through a different method as described later in this Notice.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights relating to your protected health information:

TO REQUEST RESTRICTIONS ON USES/DISCLOSURES: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

TO CHOOSE HOW WE CONTACT YOU: You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. We will accommodate all reasonable requests.

TO INSPECT AND REQUEST A COPY OF YOUR PHI: Unless your access to your records is restricted for documented treatment reasons, you have a right to see your PHI upon your written request. If we deny your access, we will give you written reasons for the denial and explain your right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying to you.

TO REQUEST AMENDMENT OF YOUR PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We may deny the request if we determine that the PHI is: (1) accurate and complete; (2) not created by us and/or not part of our records, or; (3) not part of the information that you would be permitted to inspect or copy. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request, we will amend the PHI and so inform you, and tell others that need to know about the change in the PHI.

TO FIND OUT WHAT DISCLOSURES HAVE BEEN MADE: You have a right to get a list of when, to whom, and for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, or your family. Your request can be related to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

For requests in any of these areas described above, please contact our Administration Office at 206-624-6477.

YOU HAVE THE RIGHT TO RECEIVE THIS NOTICE

You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. You may request a copy of this Notice in person at Childhaven, or by calling 206-624-6477. It is also posted at all business sites and on our Web site at: www.Childhaven.org.

CHANGES TO PRIVACY PRACTICES

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice effective for all PHI we already have about you as well as any PHI we receive in the future. We will post a copy of the current Notice at all business sites and on our Web site.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a written complaint with our privacy officer listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

CONTACT PERSON FOR INFORMATION OR TO SUBMIT A COMPLAINT

If you have questions about this Notice or any complaints about our privacy practices, please contact our Administration Office at:

Childhaven - HIPAA Privacy Officer
Administration Office
316 Broadway
Seattle, WA 98122
206-624-6477

Effective Date:

This Notice is effective on May 1, 2006