Achievement Centers for Children

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions or would like additional information about this notice or our Privacy Practices, please contact the Privacy Officer, Rachel Leuthaeuser, at 216-292-9700.

Our pledge regarding health information:

We understand that health information about you or your child's health is personal and we are committed to protecting that health information. We create a record of the care and services you or your child receives as needed to provide quality care and comply with legal requirements. This notice applies to all of the records for you or your child including any communication generated by you, related professionals or ACC.

This privacy practices notice will tell you about the ways in which we may use and disclose health information about you or your child. It also describes your rights and certain obligations we have regarding the use and disclosure of you or your child's health information.

We are required by law to:

- Make sure that health information that identifies you or your child is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you or your child; and
- Follow the terms of the notice that is currently in effect.

How we may use and disclose health information about you or your child (Permitted Uses and Disclosures):

The following categories describe different ways we use and disclose health information. For each category of uses and disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information will fall within one of the identified categories.

For Treatment: We may disclose health information about you or your child to therapists, students, volunteers, or other ACC personnel who are involved in providing services for you or your child. For example, health information about you or your child will be shared with members of the treatment team. Different departments at ACC, as well as the different entities, may also share health information about you or your child in order to coordinate different needs, such as evaluations and treatment sessions.

For Payment: We may use and disclose health information about you or your child so that the treatment and services received at ACC may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we will contact your insurance carrier about a treatment you or your child is going to receive, such as therapy. We will call your insurance carrier for quoted benefits to see whether your plan is quoted as covering treatment.

For Health Care Operations: We may use and disclose health information about you or your child for ACC operations. These uses and disclosures are necessary to run ACC programs and make sure that all of our clients receive quality services. For example, we may use health information to review our treatment and services and to evaluate the performance of staff in caring for our clients. We may also combine health information about many clients to decide what additional services should be offered, determine which services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, medical students, and other ACC personnel for review and learning purposes. We may combine the health information we have with health information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you or your child from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are. We may also call you or your child by name when the therapist or social worker is ready for the appointment.

You have the opportunity to agree or object to the use or disclosure of all or part of you or your child's health information. If you are not present or able to agree or object to the use or disclosure of the health information, then the therapist or social worker involved may, using professional judgment, determine whether the disclosure is in you or your child's best interest. In this case, only the health information that is relevant will be disclosed.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your authorization.

For Appointment Reminders: We must obtain written authorization from you in order to use and disclose health information to contact you for an appointment reminder at ACC.

For Marketing Activities: We would not use your family's information without your written authorization and we would never sell or give your health information to a third party for marketing.

If you provide us authorization to use or disclose health information about you or your child, you may revoke this authorization, at any time, in writing. If you revoke the authorization, we will no longer use or disclose health information for the reasons covered by the written authorization. ACC is unable to take back any disclosures that have already been made with the authorization. ACC is required to retain records of the care that has been provided.

Other Uses and Disclosures:

We may use or disclose health information in the following instances:

- To Avert a Serious Threat to Health or Safety: We will disclose health information about you or your child when necessary to prevent a serious threat to you or your child's health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the serious threat or address the health and safety risk.
- Worker's Compensation: We may release health information about you or your child for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- Public Health Activities: We may disclose health information about you or your child for public health activities. These activities generally include the following:
    - To prevent or control disease, injury or disability;
    - To report reactions to medications or problems with products;
    - To notify people of recalls of products they may be using;
    - To notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition;
    - To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect. We will make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. Oversight activities that are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws include audits, investigation and inspections.
- Lawsuits and Disputes: If you or your child is involved in a lawsuit or a dispute, we may disclose health information about you or your child in response to a court or administrative order. We may also disclose health information about you or your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement: We may release health information if asked to do so by a law enforcement official:
    - Response to a court order, subpoena, warrant, summons or similar process;
    - Identify or locate a suspect, fugitive, material witness, or missing person;
    - Inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
    - Inquiries as to a death we believe may be the result of criminal conduct; and
    - Emergency circumstances to report a crime; the location of the crime or victims; or the identity, description of location of the person who committed the crime.
- Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.
- Specified Governmental Functions: In certain circumstances, federal regulations require us to use or disclose your health information to facilitate specified government functions related to the military and service veterans, national security and intelligence activities, protective services for the President or others, and correctional institutions and inmates.

Business Associates:

We may disclose health information to other persons or organizations, known as business associates, who provide services on our behalf under contract. To protect your health information, we require our business associates to appropriately safeguard the information we disclose to them and include language regarding such protections in the contract with the business associate

Development Activities:

We may use you or your child's information in order to send you information which might include; newsletters, brochures and fundraising activities. If you do not want to be contacted for fundraising efforts, you may opt out by notifying the Privacy Officer in writing. You may opt back in by notifying the Privacy Officer in writing.

Rights Regarding Health Information for You or Your Child:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of health information that may be used to make decisions about you or your child's care. Usually, this includes client and billing records.

The exception being ICR(s) that when reviewed may cause severe damage to the client/family. You must submit your request to inspect and copy your integrated clinical record in writing to the Client Rights Officer or Executive Vice President of Programs. If you request a copy of the integrated clinical record, we may charge a fee depending upon the amount of information being copied, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed. We will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request Amendment:

If you feel that health information we created about you or your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for ACC.

To request an amendment, your request must be in writing and submitted to the Client Rights Officer and the Executive Vice President of Programs. In addition, you must provide a reason that supports your request for amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information:

- Not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Not part of the health information kept by or for ACC
- Not part of the information which you would be permitted to inspect and copy under the law; or

That is accurate and complete

Right to an Accounting of Disclosures:

You have the right to request an accounting of disclosures, which is a list of health information disclosures made about you or your child.

To request an accounting of disclosures, you must submit a request in writing to the Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list of disclosure your request within a 12-month period will be free. We may charge for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the health information we use or disclose about you or your child for treatment, payment or health care operations. We are not required to agree to your request. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide emergency treatment.

To request restrictions, you must make your request in writing to the Privacy (Client Rights) Officer or Executive Vice President of Programs. In your request, you must tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply

Right to be Notified of a Breach:

You have the right to be notified in the event that we (or a Business Associate of us) discovers a breach of unsecured health information.

Right to a Paper Copy of This Notice:

You have the right to a paper or an electronic 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 are entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, achievementcenters.org.

Change to This Notice:

We reserve the right to or may be required by law to change our Privacy Practice Notice. We further reserve the right to make the revised or changed Privacy Practice Notice effective for health information we already have about you or your child as well as any information we receive in the future. We will post a copy of the current notice in each Agency location and on our website. The Notice will contain on the last page the effective date. In addition, each time you are reinstated for services at ACC, we will offer you a copy of the current notice in effect.

Complaints:

If you believe you or your child's privacy rights have been violated, you may file a complaint with:

Rachel Leuthaeuser
ACC Privacy Officer
28501 Clemens Rd
Westlake, OH 44145
(216) 292-9700

Secretary, Department of HHS
200 Independence Ave., S.W.
Washington, D.C. 20201
(877) 696-6775

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