



CHILD AND FAMILY EMPOWERMENT SERVICES, LLC

2880 W 4700 S Suite A
Taylorsville, UT 84129-2155
Phone (801) 972-2711
Fax (801) 972-2709



"Where empowerment leads to healthy prevention"

Notice of Privacy Practices (HIPAA)

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.

Why are we providing you with this notice?

We are required by the federal law known as the Health Insurance Portability and Accountability Act (HIPAA) to give you this notice. This notice will tell you about how we may use and disclose health information about you and will describe your rights and our obligations regarding the use and disclosure of that information.

Your health information:

This notice applies to the information and records we have about your health, health status, and the health care services you receive from Child and Family Empowerment Services (CFES). This information and records relate primarily to the counseling services you have received from us.

How we may use and disclose health information about you:

- For your treatment:
We may use or disclose health information about you to facilitate counseling and other health treatment. For example, your counselor might disclose information about your case with another CFES counselor so that the counselor can determine the most appropriate care for you.
- For payments:
We may use and disclose health information about you so that we can be paid by you, an insurance company, or other parties for services we provide to you. For example, we may need to give your insurance company information about our services to you so that the company can pay us for the services we provide to you.
- For our agency operations:
We may use and disclose health information about you to run our office and make sure that you and other clients receive the highest quality care. For example, we may use your health information to evaluate the performance of our staff or to contact you to remind you of appointments. Please notify us in writing if you do not want us to contact you to remind you of appointments.

Special Situations:

We may use or disclose your health information without your permission for several reasons. These reasons include:

Disclosing your health information when we believe that disclosure is necessary to prevent serious threats to your health and safety or the health and safety of another person.

Disclosing your health information as required by federal, state, or local law.

Disclosing your health information as required by law to prevent injury or suspected abuse or neglect.

Disclosing your health information in response to a court order, subpoena, warrant, summons, or similar process.

Other uses and disclosure of health information:

We will not use or disclose your health information for any purpose without your written authorization other than the exceptions by law. If you authorize CFES to use or disclose your health information, you may also revoke your authorization, in writing at any time. If you revoke your authorization we will no longer use or disclose your health information for the reason covered by your written authorization, but we cannot take back any uses for disclosed information we have already made with your permission.

Your rights regarding your health information:

- You may inspect and copy your health information with certain exceptions.
- If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information.
- You may obtain an account of your disclosure of your health information; this is a list of all your disclosure of your health information for purposes other than treatment, payments, and healthcare operations.
- You have the right to request that we restrict or limit our use or disclosure of your health information to only treatment, payment, or health care operations. However, we are not required to comply with your request.
- You may request that we communicate with you about your health matters in a certain way or at certain locations. For example, you can ask that we only contact you at work or by mail.
- You have the right to request a paper copy of this notice.
- If you would like to exercise these rights, please contact the director in writing.

Change to this notice:

We have the right to change this notice. If we do so, the notice will apply to the health information we may already have about you and to the health information that we receive in the future. We are required to abide by the most current notice that is in effect. We will post a summary of the most current Notice in our office; you are entitled to receive a copy of the most current notice.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the secretary of the U.S. Department of Health and Human Services. To file a complaint with CFES please contact Lani Taholo, Clinical Director. You will not be penalized for filing a complaint.

Lani Taholo, Clinical Director

Effective June 2007

Notice of Privacy Practices 2/2009



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HIPAA Notice of Privacy Practices

By signing below you agree that you have received a copy of the Notice of Privacy Practices outlining the Health Insurance Portability and Accountability Act (HIPAA) regarding the use, disclosure, security, and your rights and our obligations of your personal health information.

Patient Name (please print): _____

Patient Signature: _____ Date: _____

Responsible Party Name (please print): _____

Responsible Party Signature: _____ Date: _____