

# Helping Hand Developmental Center

## Confidentiality Agreement

To prevent the possibility of identity theft I will not release any personally identifiable information regarding other staff or students to anyone. In the event that I become aware of a potential breach of information I will alert Helping Hands compliance officer. Identifiable information may include but is not limited to Social Security numbers, drivers license numbers, bank account numbers, medical records, etc... I understand that any release of this information can be grounds for my termination and legal action.

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Signature

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Date

# HIPPA Overview

Helping Hand Developmental Center

- All employees are to sign new confidentiality agreement annually.
- All part time, contract employees, volunteers & Board Members of Helping Hand are to sign a Business Associates Agreements (BAA) annually, requiring confidentiality and HIPPA compliance.
- Do not use fax machine with out permission.
- Confirm release of information on all Protected Health Information (PHI) prior to faxing.
- Confirm fax numbers before transmitting.
- Do not use computer in Eric's Office.
- Only director, office manager, therapist, and lead teachers are allowed in off sight storage center.
- Only director, office manager, therapist, and lead teachers are allowed to access client files/PHI.
- ALL client files/PHI for special needs children are to be stored in LOCKED file cabinet in Therapy room.
- Therapy room to remain locked at all times when not occupied.
- No PHI is to leave the Helping Hand premises with out release.
- No PHI is to be stored on computers in classrooms.
- No one is allowed into locked drawers in Office Manager/Directors offices.
- All Medicaid billing sheets/PHI are to remain locked.
- All releases of information must be updated annually.
- Do not discuss PHI with non staff members without release.
- Inform director (compliance officer) of any unauthorized or potential unauthorized release of PHI.

***If in doubt, get a specific release of information.***

I have read and understand the above information. I have also been given a copy of this form. Furthermore, I understand that my employment can be terminated and I may also be subject to legal action if I violate Helping Hand Developmental Center's HIPPA rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Helping Hand Developmental Center

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

### WHO WILL FOLLOW THIS NOTICE

This notice describes our center and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments, employees and contracts of this center.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about our students. We create a record of the care and services you receive at this center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this center, whether made by our personnel. This notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

#### We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal obligations and private practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

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

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students or other staff who are involved in taking care of you here at our center. Different departments of this office may also share medical information about you in order to coordinate the different things you need, such as treatment or equipment. We also may disclose medical information about you to people outside the center who may be involved in your medical care, such as family members, clergy or others that may provide services that are part of your care.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at our center **may** be billed to and payment may be collected from you, an insurance company or a third party. For example, your health plan may require information about the therapy you received by one of our therapists, in order for them to pay or reimburse us. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to operate our office and make sure that all of

our students receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in planning for you. We may also, combine medical information about many of our students to decide what additional services the center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students and other personnel for review and learning purposes. We WILL remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment in our center.
- **Treatment Alternatives:** We may use and disclose medical information to tell you about or to recommend possible treatment options or alternative that may be of interest to you.
- **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps to pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition, all research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients; need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our office. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our office.
- **As Required by Law:** We will disclose Medical information about you when required by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, Any disclosure, however, would be to someone able to prevent the threat.

## SPECIAL SITUATIONS

- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities, we may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report child abuse or neglect;
  - 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 contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of

abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness or missing person;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of crime or victims or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of our practice to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and request copies of medical information that may be used to make decisions about you, you must submit your request in writing to the doctor's secretary. If you request a copy of the information, we WILL charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Any request for copies will be met within 30 days.
- **Right to Amend:** If you feel that medical information we have about you 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 this office. To request an amendment, your request must be made in writing and submitted to the Practice Privacy Officer. In addition, you must provide a reason that supports your request. 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 that:
  - Was not created by us
  - The person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for this office;

- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Practice Privacy Officer. Your request must state time period, which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically (. The first list you request within a 12-month period will be free. For additional lists, we WILL charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Practice Privacy Officer. In your request, you must state (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Practice Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper 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 are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our office/center (828-692-7068)
- **CHANGES TO THIS NOTICE**
- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at our office for treatment of services we will offer you a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this center or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact Helping Hand at 692-7068. All complaints must be submitted in writing. To file a complaint with D.H.H.S. call 1-877-696-6775.

## YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide you.