



Notice of Privacy Practices

effective April 14, 2003

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

I. UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you or your family members receive services at the Child Guidance Center, a clinical file is created. Typically this file contains information about you or your family member's symptoms, diagnosis, treatment plan and progress. This file serves as a basis for documenting and planning your and your family member's care and treatment. Information in the file is also used by third party payers to verify that billed services were provided. All identifying and health information in this file is "protected health information".

II. USES AND DISCLOSURES

Use applies to using your information within the Child Guidance Center, including routine use of information for treatment and administrative purposes.

Disclosures applied to releasing your information to parties outside of the Child Guidance Center.

1. The Child Guidance Center may disclose your protected health information with your consent for the following purposes.

Treatment. Child Guidance Center staff may use information in your clinical file for the purpose of planning and evaluating treatment. This information may be shared with other Child Guidance Center health/mental health professionals for the purpose of planning, coordinating and reviewing your or your family member's care.

Payment. Your protected health information may be used to seek payment for services from your health plan and other funding sources. This information may include identifying information, your diagnosis and treatment procedures involved.

Healthcare Operations. Child Guidance will use your protected health information file for basic healthcare operations. Therapists, supervisors and administrative staff may use this information to evaluate the quality of work in specific programs and the agency as a whole. Regulatory and accrediting organizations may review your clinical file to ensure compliance with their requirements.

2. The following situations do not require consent or authorization of protected health information.

Emergency. In an emergency, Child Guidance may use or disclose protected health information to notify or assist in notifying a family member, personal representative or guardian of your location and general condition to adequately provide services.

Law Enforcement. As required by federal and state law, Child Guidance Center will notify authorities of alleged abuse/neglect and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoenas or court order.

Public Health. As required by federal and state law, Child Guidance Center may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Workers' Compensation. Child Guidance Center may disclose health information to the extent authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs established by law.

Charges against the Child Guidance Center. In the event you should file suit against the Child Guidance Center, the Center may disclose health information necessary to defend such actions.

Additional Uses of Information. The Child Guidance Center may also contact you about appointment reminders, treatment alternatives, billing, or for public relations activities.

3. In all other situations, Child Guidance Center will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses or disclosures.

III. INDIVIDUAL RIGHTS

You have the following rights with respect to your protected health information::

1. You may request in writing that Child Guidance Center not use or disclose your information for treatment, payment or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law or in an emergency. Child Guidance Center will consider your request; however, Child Guidance Center is not required by law to accept it.
2. You have the right to request that your protected health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
3. Within the limits of Nebraska statutes and regulation, you have the right to inspect and copy your protected health information. If you request copies, Child Guidance Center will charge you a reasonable amount, as allowed by statute.
4. If you believe that information in your clinical file is incorrect or if important information is missing, you have the right to submit a request to Child Guidance Center to amend your health information by correcting the existing information or adding missing information. The request will be considered but Child Guidance Center is not required to accept it.
5. You have the right to receive an accounting for disclosures of your protected health information.
6. You have the right to receive a printed copy of this notice.

IV. CHILD GUIDANCE CENTER'S DUTIES

1. Child Guidance Center is required by law to maintain the privacy of your protected health information, except as noted above, and to provide you with this notice of privacy practices.
2. We also are required to abide by the privacy policies and practices that are outlined in this notice.

3. Child Guidance Center reserves the right to amend or modify your privacy policies and practices as allowed by law. These changes in our policies and practices may be required by changes in federal and state laws and regulations. If changes are made, we will provide you with a revised notice at your next appointment. The revised policies and practices will be applied to all protected health information that we maintain.

V. REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

We require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your clinical file by contacting your therapist, therapist's supervisor or Program Director.

VI. COMPLAINTS

If you are concerned that the Child Guidance Center has violated your privacy rights, or you disagree with a decision we have made about access to your records, you may contact the person listed below. Please send a letter describing the cause of your concern. Under no circumstances will you be retaliated against for filing a complaint.

Outpatient Services Director
Child Guidance Center
2444 O St.
Lincoln, Ne 68510