



2120 North Central Ave.
 Suite 130
 Phoenix, AZ 85004
 T: (602) 271-4500 F: 602-282-0102

Prevention *and* Treatment of Child Abuse

NOTICE OF PRIVACY PRACTICES Effective 5/29/07 Updated 7/24/17

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

Contact Information:

If you have any questions regarding the Childhelp Privacy Policy, you may contact Shefali Gandhi, the Clinical Director, at (602) 271-4500. You may also send written inquiries to: *2120 North Central Avenue Suite 130 Phoenix, AZ 85004*

Who Will Follow This Notice:

Childhelp Children’s Center of Arizona Mental Health Department employees.

How We Safeguard Your Protected Health Information (PHI):

Childhelp understands that past, present or future medical information about you and your health is personal. We are committed to protecting health information that we have either received or created. This notice will explain how, when and why we may use, share and disclose Protected Health Information (PHI) about you. We may change the terms of our notice at any time. If changes are made to this privacy notice you will be notified and can request a copy of the revised notice. The most up to date policy will be posted at Childhelp Children’s Center at the address listed above. Childhelp Children’s Center is required by law to make reasonable efforts to protect health information that could identify you from unauthorized disclosure.

How We May Use Your Protected Health Information:

We may use PHI and share it with others for a variety of reasons. Sometimes we must have your written agreement to share PHI. Sometimes we are required/allowed by law to use or share your PHI without your written consent.

Treatment: We may disclose your PHI to provide, manage and/or coordinate your health care and related services. Your PHI may be shared with your treating health professional, the mental health team, supervisors and directors.

For Payment: We may use your PHI to obtain payment for your health care services. This may include sharing information with your insurance company and/or your health plan to include payment for service, to determine eligibility for coverage or to establish premiums.

For Health Care Operations: We may use your PHI in various ways that support the daily functions of the Childhelp Children’s Center. These may include, but are not limited to, quality analysis, licensing and accreditation requirements, staff development, training and consultation, victim advocacy, victim support services, research, fundraising, and for demographic purposes. Additionally, we may use your PHI with our accountants or attorneys for audits or litigation. Unless otherwise specified, you may be called by name in the lobby, we may leave voice messages on your telephone and we may send appointment reminders and or other treatment related literature to your home. De-identified Personally Identifiable Information may be shared for operation purposes.

Individuals Involved in Your Care: We may disclose PHI to a person you identify that is involved in your care. We may also give PHI to someone who helps pay for your care.

For Public Health Activities and Investigation: We may share PHI when we are required to collect and report information about communicable diseases or injury, or to report information to a public health, vital statistics or investigative authority.

For Health Oversight Activities: We may share PHI with an agency responsible for monitoring the health care system for activities authorized by law. These may include, audits, investigations, inspections and licensure.

Related to Decedents: We may share PHI relating to an individual’s death with coroners, medical examiners or funeral directors and to organ procurement organizations.

For Research Purposes: We may, in certain and specific circumstances, use your PHI to assist in medical or psychiatric research as permitted by law, or reviewed and approved by an Institutional Review Board or privacy board. In the case that PHI information will be used for research purposes, information will be used for internal purposes only, and/or such information will be de-identifiable or only in limited data sets shared with any other parties.

For Fundraising Activities: We may use or disclose your demographic and limited health information in order to contact you for our fundraising activities. For example, we may use PHI that we collect about you, such as your name, address information, dates you received treatment and/or services, your treating therapist/counselor, department of services, outcome information and health insurance status to contact you and/or receive materials to raise funds for our organization.



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If you do not want to be contacted or receive these materials for our fundraising efforts, you may OPT OUT at any time by contacting either the Director of Arizona Children’s Advocacy Center or HIPAA Privacy Officer listed at the bottom of this Notice of Privacy Practices, in writing, by phone, or by email.

Business Associates: We may share your PHI with “business associates” that perform certain TPO (Treatment, Payment, Health Care Operations) activities on our behalf such as billing, utilization review or quality management services. We will have a written agreement with our business associates that requires them to protect the privacy of your PHI.

To Prevent Threats to Health or Safety: We may share your PHI with law enforcement or other persons involved in preventing or reducing threat of harm to avoid a serious threat to health or safety. By law, if we develop a reasonable belief then we must report any and all physical abuse, sexual abuse, neglect, or emotional abuse to Department of Child Safety and/or Law Enforcement.

For Specific Government Functions and National Security: We may share PHI with authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may share your PHI with correctional facilities.

As Required By Law: We will disclose PHI about you when required to do so by federal, state or local law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you 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 PHI if asked to do so by a law enforcement official:

- As required by Law;
- To report suspected physical, sexual, and emotional abuse, and or neglect;
- In response to a court order, subpoena, warrant, summons, administrative request, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If it concerns the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- If it concerns a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

By law we must have your written permission to use or give out your PHI for any purpose not outlined in this policy. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons 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 provided to you.

Your Rights Regarding Your Protected Health Information: You have the following rights related to PHI

* **Right to Request Restrictions:** You have the right to request limitations on how we use your PHI. We will consider your request, but do not have to agree to it. If we do agree to the restrictions, we will put the agreement in writing and follow it, except in emergency situations or as required by law.

* **Right to Request Confidential Communications:** You have the right to ask that we communicate with you in a specific manner and in a specific location. We will accommodate all reasonable requests.

* **Right to Inspect and Copy Your PHI:** You may make a written request to inspect and copy your PHI. In some situations, we may deny your right to view and copy your PHI in it’s entirety. If your request is denied, you will receive written notice, which you may be able to appeal. You may also request a summary of the PHI in lieu of the complete record. If your request is approved, there may be a charge for copying your PHI in part or in whole and it may take up to 30 days to furnish the requested copies.

* **Right to Request Amendments:** If you believe there is a mistake, or missing information in your PHI, you may submit a written request for correction/amendment that includes reasons supporting your request. We may deny the request if we determine that the PHI is (1) complete and correct, (2) was not created by us and is not part of our records, (3) is a type of information that we cannot disclose. You will be notified in writing if your request is denied and may appeal the decision.



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* **Right to Tracking of Disclosures:** You have the right to request a list of the disclosures we made of your PHI including the person receiving the information, the date and the purpose of the disclosure. You may request this list in writing. Copying charges may apply and we may require 30 days to provide copies.

* **Right to Receive This Notice:** You have the right to receive a paper copy of this notice upon request. The most current notice will be posted in the Childhelp Children’s Center lobby.

Complaints: If you believe your privacy has been violated or disagree with a decision we made regarding releasing or using your PHI, you may appeal in writing to Donna Moulton, Director of Arizona Children’s Advocacy Center, John Hopkins, HIPAA Privacy Officer, or Paula Signorelli, Chief Strategy and Administrative Officer. You may also file a complaint in writing or via email to the Secretary of the U.S. Department of Health and Human Services.

**Office of Civil Rights
 US Dept of Health & Human Services
 50 United Nations Plaza, Room 322
 San Francisco, California 94102**

OCRComplaints@hhs.gov

We will not discriminate against you in anyway because you file a complaint.

I have read this document, received a copy of this document, and have had any questions about this document answered.

_____ _____
Print Guardian Name/Guardian Signature **Date**

_____ _____
Print Witness Name/Witness Signature **Date**