



600 North Jackson Street, Suite 203A, Media, Pennsylvania 19063

### ***Notice of Privacy Rights and Practices***

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We understand that information about you and your health is very personal and therefore, we will strive to protect your privacy as required by law. We will only use and disclose your personal health information as allowed by applicable law. As described below, your health information will be used to provide you care and may also be used to educate students pursuing careers in healthcare, who are under our direct supervision. It is our goal to be sensitive about privacy and to respect the confidentiality of your personal health information.

We are required by law to maintain the privacy of our patients' personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all personal health information maintained by us.

### **USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION**

The following categories detail the various ways in which we may use or disclose your personal health information. For each category of uses or disclosures, we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following categories.

**Your Authorization:** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. This form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke that authorization in writing, except to the extent we have already relied upon it.

**Uses and Disclosures for Treatment:** We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, to the extent that you authorize Foundations for Growing to consult with or otherwise discuss personal health information with members of your child's medical and/or educational team. Your child's health information will be used in the development of your child's course of treatment planning.

**Uses and Disclosures for Payment:** We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services



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provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Health Care Operations:** We may use or disclose personal health information to assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Fundraising:** We may use your information to contact you in an effort to inform you of fundraising opportunities in the community; you will be given the option to refuse all such correspondence.

**Appointments and Services:** We may use your personal health information to remind you about appointments or to contact you regarding ongoing progress related to recent intervention and/or ongoing in-home therapeutic programs.

**Other Uses and Disclosures:** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. Subject to conditions specified by law:

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your personal health information to certain governmental agencies if we suspect child abuse or neglect;
- We may also release your personal health information to certain governmental agencies if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions;
- We may use or disclose your personal health information in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public;
- We may release your personal health information if required to do so by a court or administrative order, subpoena or discovery request; in most cases you will have notice of such release;



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- We may release your personal health information to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes;
- We may release your personal health information if you are a member of the military for activities set out by certain military command authorities as required by armed forces services; we may also release your personal health information if necessary for national security, intelligence, or protective services activities; and

#### **RIGHTS THAT YOU HAVE :**

**Access to Your Personal Health Information:** Generally, you have the right to access, inspect, and/or copy personal health information that we maintain about you.

Requests for access must be made in writing and be signed by you or your representative. We reserve the right to charge you for a copy of your medical records in accordance with a schedule of fees established by applicable state law.

**Amendments to Your Personal Health Information:** You have the right to request that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. We request that amendment requests be made in writing and signed by the child's parent and/or representative.

If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

Please note that even if we accept your request, we may not delete any information already documented in your medical record.

**Accounting for Disclosures of Your Personal Health Information:** You have the right to receive an accounting of certain disclosures made by us of your personal health information.

**Restrictions on Use and Disclosure of Your Personal Health Information:** You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. For example, you may request that we do not share your health information with a certain family member. We ask that these requests be made in writing and be signed by department of the hospital you visited. We are not required to you or your child's legal representative. We reserve the right to disagree with your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to



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restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination.

**Paper Copy of Notice:** As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

**ADDITIONAL INFORMATION:**

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint in writing. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

***I have read and understand the Notice of Privacy Rights and Practices.***

**Client Name (please print):** \_\_\_\_\_

**Parent /Legal Rep Name (please print):** \_\_\_\_\_



**600 North Jackson Street, Suite 203A, Media, Pennsylvania 19063**

Parent/Legal Representative signature:

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Date: \_\_\_\_\_