

Notice of Privacy Practices  
Regarding the Use and Disclosure of Protected Health Information  
Effective November 8, 2004

*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.*

**Christian Children's Home of Ohio, Inc** has prepared this Notice. It tells you how Protected Health Information about you can be created, shared, protected and maintained.

***What is my Protected Health Information?***

Any information existing in the past, present or future;  
Pertaining to your identity, mental or physical health, or condition;  
That is spoken, written, or electronically recorded, and is;  
Created by or given to anyone providing care to you; a health plan; a public health authority; your employer; your insurance company; your school or university; or anyone who processes health information about you.

***What Rights Do I Have About My Protected Health Information?***

- You have the right to consent to the use and disclosure of your Protected Health Information for the limited purposes of pursuing payment for services rendered and for healthcare operations.
- You have the right to authorize the sharing of your Protected Health Information for other purposes.
- You have the right to request that we amend your Protected Health Information.
- You have the right to inspect and copy your own health information contained in our records. However, you do not have the right to inspect or copy psychotherapy notes or information compiled for civil, criminal or administrative proceedings. We have the right to deny you access to your health information if, in our judgment, seeing that information could endanger the life or safety of yourself or another.
- You have the right to be informed about and to share your Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible for us to do.
- You have the right to restrict how we use and disclose your Protected Health Information. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
- You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Your request will be responded to within 30 days.
- You have a right to have a copy of this Privacy Notice.

**Consent**

***What can be done with my information if I consent to disclose it for the purpose of obtaining payment for services rendered or for healthcare operations?***

With your consent, we can share information about when and for what purpose you were seen, so that we can be paid for treating you. For example, we could send a form to your insurance company stating when and for what condition you came to our office. They can then send us money to help cover the cost of your treatment.

With your consent, we can share your Protected Health Information with entities involved in assuring the soundness of our organizational integrity. For example, we may provide access to your Protected Health Information to our auditors. The information we give them access to can help us evaluate the quality of our organization and the quality of the services we provide.

With your consent, the professional treating you can share your Protected Health Information with the person supervising the professional's work within our agency.

***Can I revoke my consent?***

Yes. You can revoke your consent. You must submit your revocation in writing to our Privacy Officer so we can stop using and disclosing your Protected Health Information. We are permitted to use and disclose your Protected Health Information based on your consent until our Privacy Officer receives your revocation in writing. If you revoke your consent, we reserve the right to refuse to provide further treatment to you on the basis of your refusal to allow us to share your information for purposes of payment and healthcare operations.

**Authorization**

***What can be done with my information if I authorize its disclosure for other purposes?***

With your written authorization, we can share your Protected Health Information for reasons other than obtaining payment for services rendered or healthcare operations. For example, you may agree to allow us to share your information with a family member or significant other who may be concerned about, or assisting you with, your condition. Also, with your authorization, we can share information about your health with other health professionals so that *you* can receive the most appropriate treatment. For example, your counselor could inform your physician that you are depressed. The doctor could then prescribe medication to help you feel better.

***Can I revoke my authorization?***

Yes. You can revoke your authorization. You must submit your revocation in writing to our Privacy Officer so we can stop sharing your Protected Health Information. We are permitted to share your Protected Health Information based on your authorization until our Privacy Officer receives your revocation in writing. We may not refuse to provide further treatment to you on the basis of your refusal to provide, or revocation of, the authorization.

**Other Uses and Disclosures**

***Are there any circumstances when my information can be shared without my consent or authorization?***

Yes. Your Protected Health Information can be shared without your prior consent or authorization:

1. In an emergency so long as consent is obtained as soon as possible:
2. When required by law:
  - For public health activities according to specific requirements
  - To warn others of threatened harm according to specific requirements
  - To prevent client self-harm according to specific requirements
  - To protect victims of abuse, neglect or domestic violence according to specific requirements
  - For health oversight activities according to specific requirements
  - For judicial and administrative proceedings according to specific requirements
  - For law enforcement purposes according to specific requirements
  - To a coroner/medical examiner according to specific requirements

- To a funeral director according to specific requirements
- For organ/eye/tissue donation according to specific requirements
- For research purposes according to specific requirements
- To avert serious threats to health or safety according to specific requirements
- To facilitate specialized government functions according to specific requirements
- To correctional institutions for specific reasons according to specific requirements
- To facilitate eligibility determinations or enrollment into public benefit programs according to specific requirements
- For Workers Compensation according to specific requirements

3. When there are substantial communication barriers and it is reasonable to believe that you are giving your consent or authorization.

***What about any other uses of my health information?***

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

**Administrative Process**

***What will you do to protect my health information?***

We will maintain the privacy of your Protected Health Information as required by law. At your request, we will provide you with a Privacy Notice containing our legal responsibilities and privacy practices regarding Protected Health Information.

We will maintain agreements with our Business Associates specifying their responsibilities in safeguarding the Protected Health Information they may have contact with in the course of performing work on our behalf.

We will follow the terms of the Privacy Notice currently in effect. We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We will notify you that we have changed the Privacy Notice by providing a copy of the revised notice to you at your next appointment if you are receiving services at the time of the revision. We will also post the revised notice on our website at [www.ccho.org](http://www.ccho.org). You can always receive a copy of the privacy notice currently in effect by requesting a copy from our Privacy Officer.

You may request access to your Protected Health Information or request a copy of certain disclosures of your information by submitting your request in writing to our Privacy Officer. You will receive a response to your request no later than 30 days after the day we receive your written request. Sometimes, a response may take more than 30 days. If that happens, we will let you know and will respond to your request as soon as is reasonably possible.

We may contact you at your home via telephone or U.S. Mail in order to verify appointments, pursue payment for services rendered, or to pursue quality improvement activities unless you inform our Privacy Officer in writing that you do not wish to be contacted in this way.

***What can I do if I have questions or want to file a complaint about the use and disclosure of my Protected Health Information?***

All questions and complaints about the use and disclosure of your Protected Health Information may be submitted to:

**Privacy Officer**

**Douglas A. Casper, M.A., P.C.**

P.O. Box 765

Wooster OH 44691

(330) 345-7949 Ext. 346

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We may not retaliate against you for complaining about the use and disclosure of your Protected Health Information.