

## Milestones For Kids' Success

### NOTICE OF PRIVACY PRACTICES

Revised: March 15, 2005

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

If you have any questions about this notice please contact the Privacy Officer, Janet Puderbaugh, at (630) 792-1800.

#### WHO IS COVERED BY THIS NOTICE

This notice describes Milestone's for Kids' Success and that of:

- Any professional authorized to enter information into your child's medical record maintained by Milestone's for Kids' Success.
- All departments and unit's of Milestones for Kids' Success including, therapy staff, all employees, students who participate in therapeutic services, and billing staff.

These entities may share health information with each other for treatment, payment or health systems operation purposes described in this notice.

#### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that your child's health information is personal. We are committed to protecting this information. We create a record of the care and services your child receives. We need this record to provide your child with quality care and to comply with certain legal requirements.

This notice will tell you about the ways which we may use and disclose your child's health information. We also describe your rights and certain obligations we have regarding the use and disclosure of that health information.

We are required by law to:

- make sure your child's health information is kept private
- give you this notice of our legal duties and private practices; and
- follow the terms of the notice that is currently in effect

#### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we use and disclose medical information. Information may be disclosed in a variety of ways including: phone, FAX and e-mail. Some information including statistics, insurance and referring physician is also maintained in an electronic database.

**FOR TREATMENT** We may use your child's health information to provide them with therapeutic services. We may disclose this information to other therapists or personnel who are involved in providing treatment to your child at Milestones for Kids' Success. We may disclose information to his/her therapists on your child's team outside of Milestones who may be involved in your child's therapeutic needs with your written consent. For example, a physical therapist treating your child following an operation may need to know if there are any treatment precautions. The Physical Therapist may need to share these precautions with the Occupational Therapist also treating your child.

**FOR PAYMENT** We may use and disclose your child's health information so that treatment and services they receive at Milestone's for Kids' Success may be billed to and collected from an insurance company, you, or a third party.

All business associates, independent contractors or other third parties who may have access to protected patient medical and financial information, must agree to same limitations on the use and disclosure of that information and will only be allowed access to this protected information by obtaining a signed, dated and term of life permission slip from the patient or guardian, or enter into an arrangement with Milestones that is confidential in nature by agreeing to the terms and condition of the Milestones confidentiality agreement.

**FOR HEALTH CARE OPERATIONS** We may use and disclose your child's health information for our systems operations. These uses and disclosures are necessary to run the center and make sure that all our clients receive quality care.

**APPOINTMENT REMINDERS** We may use and disclose information to contact you as a reminder that your child has an appointment for therapy. If you do not wish to receive appointment reminders, be sure to tell your provider.

**HEALTH RELATED BENEFITS AND SERVICES** We may use and disclose medical information to tell you about treatment options, health related benefits, or services that may be of interest to you and your child.

**SPECIAL SITUATIONS: Additional uses and disclosures for which authorization or opportunity to agree or object is not required by law.**

- **As Required By Law.** We will disclose medical information about your child when required to do so by law.
- **To Avert Serious Threat to Health or Safety.** We may use and disclose medical information about your child when necessary to prevent a serious threat to their health or the health and safety of the public or another person.
- **Public Health Risk.** As required by law, we may disclose your child's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability ;reporting medical device safety issues and adverse events to the federal Food and Drug Administration's MedWatch program; and reporting disease or infection exposure.
- **Victims of Abuse or Neglect.** We may disclose pertinent health information to government agencies authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that your child has been a victim.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversights include, for example, audits, investigations, inspections, and licensure.
- **Judicial and Administrative Proceedings.** We may disclose your child's health information in the course of an administrative or judicial proceeding, such as a response to a court order.
- **Law Enforcement.** We may release medical information about your child to authorized federal officials for national security and intelligence, military or veteran's activities required by law.

## **USES OF MEDICAL INFORMATION THAT REQUIRE AUTHORIZATION**

Disclosures of medical information that are not related to treatment, payment or health care operations, or are not otherwise covered by this notice can be made only with your specific written authorization. You may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. However, we will not be able to take back any disclosures that we have already made with your prior permission.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

- **Right to Review and Copy.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your child's care.

Your child's records include the following:

- Insurance information and authorizations
- Referral and prescriptions for services
- Individual Family Service Plan or Treatment Plan
- Milestone's for Kid's Success Intake Form
- Evaluation Reports
- Pertinent Medical Records
- Progress Notes

You must submit your request for your child's medical information in writing to the Director.

- **Right to Deny Access to Medical Information**

We may deny access without review if you are denied access to: Information compiled for use in or created in anticipation of civil, criminal or administrative action or proceeding.

- **Right to Amend.**

If you feel that medical information we have about your child 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 maintained.

Submit your request to the Director. Your request must be made in writing and include a reason that supports your request.

We may deny your request if you ask us to amend information that:

- Is not a part of the information which you would be permitted to inspect and copy; or
- We believe 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 your child that are not related to treatment, payment or health care operations, and for which we were not required to obtain your authorization.

You must submit your request in writing to the Director at the office where your child received care. Your request must:

- Tell us the calendar dates you want to see. The time period cannot include more than six years of information, and cannot begin prior to April 14, 2003.
- Indicate in which form you want the list (paper copy or electronic).

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about your child to someone who is involved in their care or payment of their care. **We are not required to agree with your request.** If we do agree, we will comply with your request unless the information is needed to provide your child emergency treatment.

You must make your request for any restrictions in writing to the Director. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your child's grandparents).

- **Right to Request Confidential Communications.** You have the right to request that we only communicate with you about your child's 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.

You must make your request for confidential communications in writing to the director. 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.

## **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 your child as well as any information we receive in the future. Current copies of this notice will be available at the sign in location.

The effective date of the notice will be posted on the first page, in the top right hand corner.

## **COMPLAINTS**

In the event that you have a complaint about our handling of your private information, you may contact our Privacy Officer: Janet Puderbaugh, Clinical Director, at (630) 792-1800.

Also, if you believe that your privacy rights have been violated, you may file a complaint by contacting the U.S. Department of Health and Human Services, Washington D.C. All complaints must be submitted in writing.