



Where hurts find hope

6401 Rockhill Road * Kansas City, Missouri 64131
Office (816) 363-1898 * Fax (816) 822-7711

NOTICE OF PRIVACY PRACTICES

Revised August 2020

All references to health information in this document describe information about the treatment and services provided by The Children's Place. This notice describes how health information about you and your child may be used and disclosed and how you can access this information. Please review it carefully.

Contact: If you have any questions about this notice, please contact the Privacy Officer at (816) 363-1898 for any updated information.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is personal. We are committed to protecting the privacy of this information. Each time you visit The Children's Place, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by The Children's Place (TCP) whether made by TCP personnel or your primary care provider.

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

Our Responsibilities

Our primary responsibility is to safeguard your personal health information. We must also give you this notice of our privacy practices, and we must follow the terms of the notice that is currently in effect.

Changes: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. A copy of the current notice in effect will be available at the receptionist's desk.

Notification: We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. This complaint must be in writing to: Privacy Official, The Children's Place, 6401 Rockhill Road, Kansas City, MO 64131. There will be no retaliation for filing a complaint.

You also have the right to complain to the Secretary of the Department of Health and Human Services. Secretary, Dept. of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201
Phone (202) 619-0257

How We May Use And Disclose Health Information About You

The following categories describe different ways we use your health information within The Children's Place and disclose your health information to persons and entities outside of The Children's Place. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

With Your Written Consent:

In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing your information consent when you first visit The Children's Place. The information consent is necessary to allow us to use your health information within The Children's Place and to disclose your health information outside of The Children's Place.

Treatment: We may use health information about you to provide you with treatment and services. We may disclose health information about you to the treatment team, interns, or other personnel who are involved in providing services for you.

Payment: We may use and disclose health information about you to an insurance company or a third party so the treatment and services you receive at our facility may be billed and payment collected. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: We may use and disclose health information about you for health care operations, including quality assurance activities; granting clinical staff credentials to therapists; administrative activities, including The Children's Place financial and business planning and development; customer service activities, including investigation of complaints; and certain marketing and fundraising activities, etc. These uses and disclosures are necessary to operate our health care facility and make sure all of our clients receive quality care.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for services at our facility.

Sponsorship Programs: We may disclose a limited amount of your health information to volunteers sponsoring clients and client families in sponsorship programs organized by The Children's Place.

Research Unrelated to Treatment: When a research study does not involve any treatment, we may disclose your health information to researchers when an Institutional Review Board (IRB) has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information and has approved the research.

With Your Verbal Agreement:

Individuals Involved in Care/Payment: We may disclose health information about you to the referring agency or legal custodian, who is involved in your care.

With Your Specific Written "Authorization":

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or disclose health 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 health information 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. Some typical disclosures that require your authorization are as follows:

Research Involving Treatment: When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, for any such research study, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information and approved the research. You do not have to sign the authorization in order to get treatment from The Children's Place, but if you do refuse to sign the authorization, you cannot be part of the research study.

Drug & Alcohol Abuse: We will disclose drug and alcohol treatment information about you only in accordance with the federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures.

Disclosure of Mental Health Information: We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written authorization or the written authorization of your representative for such disclosures.

Disclosures Requested by The Children's Place: We may ask you to sign an authorization allowing us to use or to disclose your health information to others for specific purposes such as referrals for additional services or to coordinate services for your family.

Special Situations That Do Not Require Your Information Consent Or Authorization

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Averting Serious Threat: We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

- a) To prevent or control disease, injury or disability.
- b) To report births and deaths.
- c) To report child abuse or neglect.
- d) To report reactions to medications, problems with products or other adverse events.
- e) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- f) To notify the appropriate government authority if we believe a client has been the victim of abuse (including elder abuse), neglect or domestic violence. We will only make this disclosure when required or authorized by law or if you agree.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena; discovery request or other lawful process by someone else involved in the dispute. We attempt to get written authorization from you to obtain an order protecting the information requested.

Law Enforcement: We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- a) In response to a court order, subpoena, warrant, summons or similar process.
- b) To identify or locate a suspect, fugitive, material witness or missing person.
- a) About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement.
- b) About a death we believe may be the result of a criminal conduct.
- c) About criminal conduct at our facility.
- d) 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.

National Security: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Required By Law: We will disclose health information about you without your permission when required to do so by federal, state or local law.

Your Health Information Rights

Although your record is the physical property of The Children's Place, the information belongs to you.

You Have The Right To:

Restriction: Request a restriction on certain uses and disclosures of your information. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If you pay for services out-of-pocket in full, you can ask us not to share that information for the purpose of payment or operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Copy: Obtain a paper or electronic copy of this Notice of Information Practices upon request.

Inspect: Inspect and request a paper or electronic copy of your health record for a fee. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that another health care professional, chosen by someone on our health care team, review the denial. We will abide by the outcome of that review.

Amend: Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our health care team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your record.

Accounting: Obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations.

Request Confidential Communication: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Revocation: Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Complaint: You can complain to us and expect an investigation and explanation by calling or writing: Privacy Official, The Children’s Place, 6401 Rockhill Road, Kansas City, MO 64131.

You can make a complaint to the Dept. of Health and Human Services by addressing your written complaint to: Secretary, Dept. of Health and Human Services Secretary, Dept. of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201.