

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

WHAT IS A NOTICE OF PRIVACY PRACTICES?

Your health record contains personal information about you and your health. We are required by law to tell you how your health information may be used.

This notice tells you:

- How we may use and disclose your information;
- Your rights regarding protected health information.

OUR RESPONSIBILITIES

Information about you that may identify you and that relates to past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). We will only release your health information as allowed by law or with special permission from you. We will use and disclose the minimum amount of health information necessary to do our work.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any New Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

ACH has to use and release some of your health information to conduct its business. The following sections list the types of disclosures that can be made:

- Without your authorization;
- Only with your written authorization.

1) WITHOUT AUTHORIZATION

We may use your health information without authorization as follows:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your health care treatment and related services. This includes coordination with other health care providers or other individuals who are involved in your treatment.

For Payment. We may use and disclose PHI so that we can receive or provide payment for the treatment services provided to you. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to:

- Quality assessment and improvement activities;
- Employee review activities;
- Licensing, accreditation, certification and credentialing;
- Training students and other practitioners as part of their educational activities at ACH;
- Conducting or arranging for other business activities including business planning, audits, computer systems maintenance, legal services and customer services (for example, we may share your PHI with third parties that perform various business activities, such as billing or typing services), provided we have a written contract with the business that requires it to safeguard the privacy of your PHI;
- Advising you about disease prevention and health care options, and reminding you of recommended services, treatments or scheduled appointments;
- Certain fundraising activities.

As Required By Law. Under the law, we must make disclosures of your PHI to you upon your request. We must also make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. We may also report PHI to legal officials, court officials, governmental agencies, or other authorities for law enforcement purposes, including reporting suspected child or adult abuse, neglect, or exploitation; for reporting domestic violence or certain physical injuries; or for responding to a court order, subpoena, warrant, or lawsuit requests.

Other Purposes. Your PHI may also be disclosed without your authorization as follows:

- For public health activities;
- For health oversight activities, such as monitoring, investigation, inspecting, disciplining or licensing those who work in the health-care system, or for governmental benefit programs;
- In certain situations related to death;
- To avoid a serious threat to health or safety;
- For national security or other specialized government functions;
- In emergency situations;
- To comply with laws related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness;
- For research purposes through a special approval process which may include asking for your authorization.

PHI that is disclosed under "Other purposes" is often de-identified.

2) WITH YOUR VERBAL PERMISSION

We may use your health information with your verbal permission (consent) as follows:

To persons involved with your care. In certain situations we may release health information about you to persons involved with your care, such as family members. We may also give information to someone who helps pay for your care.

You have the right to approve or object to such releases, unless you are legally incapable to do so, or if there is an emergency.

To maintain a directory of individuals in our facilities.

3) WITH WRITTEN AUTHORIZATION

Except for the types of situations listed above, we must obtain your authorization for any other types of releases of your health information. If you provide us authorization to use or release health information about you, you may revoke that authorization in writing at any time. You may receive more information about this by contacting ACH Privacy Officer.

Your Rights Regarding Your PHI

You have the following rights regarding the health information that we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 3712 Wichita St. Fort Worth, TX 76119

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy your PHI that may be used to make decisions about your care. Some of the exceptions include: psychotherapy notes; Information gathered for court proceedings; and any information for which there is compelling evidence that access would cause serious harm to you or others. We may charge a reasonable cost-based fee for copies.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may submit a request to the Privacy Officer to amend the information, although we are not required to agree to the amendment we will provide you the opportunity to review the information.

Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures that we make of your PHI. Your request may not include information dated before April 14, 2003. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operation. We are not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. We will do this whenever it is reasonably possible.

Right to a copy of this Notice. You have the right to a copy of this notice.

PRIVACY OFFICER CONTACT INFORMATION:

ACH Child and Family Services, Inc.
c/o Privacy Officer
3712 Wichita St, Fort
Worth Texas 76119
817-886-7146

NOTICE EFFECTIVE DATE

This notice is effective April 14, 2003. ACH Child and Family Services, Inc. reserves the right to change this notice after the effective date. We reserve the right to make the revised notice apply for all health information that we already have about you, as well as any information we receive in the future. The current notice is available in all of our office locations.

COMPLAINTS

If you believe that we have violated your privacy right, you have the right to file a complaint in writing with our Privacy Officer at 817-886-7146 or with the Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, at 1301 Young Street, Suite 1169, Dallas, Texas 75202 or by calling 214-767-44056, 214-767-8940 (TDD), or 800-368-1019. **We will not retaliate against you for filing a complaint.**

*ACH Child and Family Services, 3712 Wichita St, Fort Worth, TX 76119
Phone: 817-335-4673*