



Carpe Diem of Virginia, Inc.
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Children's Services of Hampton Roads

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, WHICH IS PROTECTED UNDER THE HIPAA PRIVACY RULE, MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY. This Notice of Privacy Practices is effective as of **April 1, 2009**.

Children's Services of Hampton Roads will ask you to sign an Acknowledgment that you have received this Notice of Privacy Practices (Notice). This Notice describes, in accordance with the HIPAA Privacy Regulation, how Children's Services of Hampton Roads may use and disclose your protected health information to carry out treatment, payment of health care operations and for other specific purposes that are permitted or required by law. The Notice also describes your rights and Children's Services of Hampton Roads duties with respect to protected health information about you.

Children's Services of Hampton Roads will store information provided by you and your social worker in the computer system. That information will include your name, address, phone number and other identifying information. In addition, any information that you provide concerning medication you are taking, medical conditions you may have, allergies, and other matters affecting your health will be stored in the computer.

USES AND DISCLOSURE

Treatment, payment, and health care operations:

We will use your health information to arrange treatment for you, as necessary. We will use and disclose health care information to develop and implement an individual plan of care designed specifically for you, and to provide, coordinate, and manage your treatment and related services. We may also disclose your information to other health care providers for the purpose of treatment.

We will use your health care information to receive payment for your services. This may include certain activities that are required before services are approved, such as making a determination of eligibility for services, reviewing information to determine medical necessity, and undertaking utilization review activities. For example, we may contact your third party payer (for example, insurer or city agency who referred you to our agency) to determine whether treatment and services will be authorized. We will bill you and/or a third party payer for the cost of treatment and services provided to you. The information on or accompanying the bill may include your identification, as well as the services that you are receiving.

We will use your health care information to carry out health care operations. For example, we may use information in your health record to monitor the quality of treatment services that you are receiving,

review employee activities, licensing, training clinical personnel, and conducting or arranging for other business activities.

Uses and disclosures that are either permitted or required by the regulation:

Using your judgment as professionals, our clinical personnel may disclose their protected health information to a parent, guardian or custodian.

We form contracts with some entities known as Business Associates to perform services for us. For example, we may utilize a computerized database information management system for the purpose of maintaining records and client related data. We may disclose protected health information to our Business Associates so that they can perform the job we asked them to do. We require our Business Associates to appropriately safeguard the protected health information.

Other required or permitted disclosures:

We may disclose your health care information to the following entities and/or under given circumstances:

- To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.
- To health oversight agencies (licensing boards, etc.) for activities authorized by law such as audits, investigations, and inspections necessary for Children's Services of Hampton Roads licensure and for the licensing department to monitor the services provided.
- In response to a court order.
- In response to a subpoena, discovery request, or other lawful process that is not accompanied by a court order, but only if efforts have been made, by the party seeking the information to tell the client (or his/her guardian) about the request or to obtain an order protecting the requested health care information.
- Whenever required to do so by law.
- To a coroner of medical examiner when necessary, for example, to identify a deceased person or to determine a cause of death, or to funeral directors consistent with applicable law to carry out their duties.
- To notify, or assist in notifying, a family member, personal representative, or another person responsible for the client's care, of the client's location, or general condition.
- To a correctional facility or its agents, if a client is or becomes incarcerated in such a facility, when necessary for the client's health or the health and safety of others.
- When necessary to prevent a serious threat to the client's health and safety or the health and safety of the public or another person.
- To authorized officials for specialized government functions and other national security activities authorized by law.
- To a government authority, such as a social service or protective services agency, if Children's Services of Hampton Roads reasonably believes the client to be a victim of abuse, neglect, or domestic violence, but only to the extent required by law.
- To a physician or health care facility to provide treatment in an emergency situation.

More stringent laws:

If the Commonwealth of Virginia develops a law or regulation that is more stringent than the HIPAA Regulation, the more stringent law or regulation will apply.

Authorized use and disclosure:

We will obtain your written authorization before using or disclosing protected health information about you for purposes other than those listed above or otherwise permitted or required by law. You may revoke an authorization in writing at any time. Such revocations must be made in writing and sent to the Privacy Officer at the address listed below. Upon receipt of the written revocation, we will stop using or disclosing protected health information about you, except to the extent that we have already taken action in reliance on the authorization.

THE CLIENT'S RIGHTS

Restricted requests:

You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment, or health care operations. Such requests must be made in writing to the Privacy Officer at the address listed below. We are not required to agree to the requested restrictions. If we do agree to the requested restrictions, that agreement will be binding on us.

Alternative means of communication:

You have the right to request that our communications to you concerning your health care information be made by alternative means or at alternative locations. For example, you may wish us to communicate in some way other than mailing to your home address or calling your home telephone number. Such requests must be made in writing to the Privacy Officer at the address listed below. We will comply with a reasonable request for such an alternative.

Access:

You have the right to obtain a copy of your protected health information. You have the right to obtain a copy of protected information about you contained in the designated record set for as long as we maintain your protected health information. The designated record set usually will include treatment and billing records. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In addition, we will deny requests to psychotherapy notes. To receive a copy of your protected health information, you must send a written request to the Privacy Officer at the address listed below. Forms for making access requests are available in our corporate office. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may also deny your request to copies in limited circumstances.

If you are denied access to your protected health information in most cases you may request that the denial be reviewed.

Health care amendments:

If you feel that the protected health information we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an Amendment for as long as we maintain the protected health information. A request for an Amendment must be made in writing to the Privacy Officer at the address listed below. You must include a reason that supports your request. In certain cases, we may deny the request. If the request is denied, you have the right to file a statement of disagreement with the decision, and we may give a rebuttal to your statement.

Accounting:

For most purposes other than treatment, payment, or health care operations, you have the right to receive an accounting of the disclosures we made, on or after April 1, 2009 of your protected health information. The accounting will exclude disclosures we may have made directly to you, disclosures to your guardian or family members involved in your care, and disclosures for purposes you or guardian specifically authorized in writing. A request for an accounting must be made in writing to the Privacy Officer at the address listed below. The time period for the requested accounting must be specified and it may not be longer than six years. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings within that period. We will notify you of the cost involved and you may choose to withdraw or modify the request at that time.

Notice of privacy practices:

You have a right to receive a paper copy of this Notice.

CHILDREN'S SERVICES OF HAMPTON ROADS DUTIES

Children's Services of Hampton Roads takes its responsibility for maintaining your protected health information in confidence very seriously. Protected health information means information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related services. It also includes basic demographic information. We are required by law to maintain the privacy of protected health information and to provide you with a Notice of Privacy Practices including our legal duties with respect to protected health information. In addition, Children's Services of Hampton Roads is required to abide by the terms of the Notice that is currently in effect.

We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain. When we make changes in our Notice, copies of the revised Notice will be available on request at our corporate office. A copy will be posted in our corporate office and on our website.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

Complaints:

If you believe your privacy rights have been violated, you have the right to complain to us or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us contact our HIPAA Privacy Officer. You will not be retaliated against for filing a complaint.

Contact:

For additional information on our privacy practices or your rights, please contact our HIPAA Privacy Officer at:

Telephone: (757)-638-5500
Fax: (757)-638-7739
E-mail: mmcnall@childrensservicesonline.com
Address: 3500 Tejo Lane, Chesapeake, VA 23321