



SUMMARY OF NOTICE OF PRIVACY PRACTICES HEALTH INSURANCE PORTABILITY  
ACCOUNTABILITY ACT (HIPAA) 1996

This Notice of Privacy Practices describes how our office will protect your health information, your rights, and our routine practices of how we use and disclose your **Protected Health Information (PHI)**. PLEASE REVIEW IT CAREFULLY.

**Uses and Disclosures of PHI.**

We will use and disclose your PHI in order to assist other providers in providing your treatment. We will also use and disclose your PHI in order to obtain payment for our services. Finally, we may use and disclose your PHI for routine Care Management Operations which could include the following:

- Child Family Team Meetings
- Wraparound Treatment and Services
- Care Coordination
- Administrative Functions
- Quality Assurance
- All activities defined by federal regulations that fall under Treatment, Payment, and Operations

**Uses and Disclosures Not Requiring Your Authorization.**

- We will disclose your PHI when required to do so by federal, state, or local law.
- We will disclose your PHI in response to a court order, subpoena, or administrative order.
- Other circumstances as outlined in the final regulations of HIPAA

**Your Rights Regarding Your Protected Health Information (PHI).**

The federal privacy rules entitle you to the following:

- To access and receive a copy of your records
- To receive an accounting of certain disclosures we have made of your PHI
- To request restrictions as to the use and sharing of your PHI
- To choose how we communicate with you in confidence
- To request we amend your PHI
- To receive a notice of our privacy practices

For the final regulations please visit:

<http://www.hhs.gov/ocr/hipaa/finalreg.html>

or contact the Office for Civil Rights for complaints at 1-800-368-1019.

If you have any questions about this notice, please contact Andrea Fogg, Privacy Officer at 609-390-4448 ext.105

I acknowledge I have been provided the opportunity to read and know my privacy rights.

Signature \_\_\_\_\_ (Parent or Guardian)

Date \_\_\_\_\_

Signature \_\_\_\_\_ (Youth Age 14 and over)

Date \_\_\_\_\_