



Notice of Privacy Practices

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

Holy Childhood (The Agency) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at the Agency please contact:

*Privacy Officer
Holy Childhood
100 Groton Parkway
Rochester, NY 14623
585-359-3710*

Effective Date of This Notice: April 14, 2003

I. How the Agency may Use or Disclose Your Health Information

The Agency collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of the Agency, but the information in the medical record belongs to you. The Agency collects health information from you, your child or those for whom you are a legal guardian, (hereinafter referred to as "you") to provide you with program services. For example, these services may include such things as educational services in the Children's Program, Vocational Training, or sheltered employment in the Adult Program, or related services through our Clinic. The Agency protects the privacy of your health information. The law permits the Agency to use or disclose your health information for the following purposes:

1. Treatment We may use medical information about you to provide you with program treatment or services. We may disclose medical information about you to doctors, nurses, teachers, clinicians, aides, community residences, Special Olympics personnel, bus drivers, or other individuals who are involved in taking care of you. For example, a clinician may share your speech needs with a teacher to better plan means of classroom instruction; or the nurse may share seizure disorder information with teachers for awareness and safety with the classroom or workshop.
2. Payment. We may use and disclose medical information about you so that the treatment and services you receive at the Agency may be billed and payment may be collected from you, insurance companies, third parties, Medicaid, school districts or other payers. For example, we may share your educational and health information with the school district to enable us to bill for tuition. We may share your speech therapy services information with Medicaid processors to enable us to bill for these services.

3. Regular Agency Operations. We may use and disclose medical information about you for Agency operations. These uses and disclosures are necessary to run the Agency and make sure that all of our students and adults receive quality care. For example, we may disclose information to doctors, nurses, teachers, clinicians, aides, community residences, Special Olympics personnel, bus drivers, or other individuals for review and learning purposes. We may combine certain medical information about many Agency program participants to decide what additional services the Agency should offer, what services are not needed, and whether certain new treatment or instructional methodologies are effective.
4. Information provided to you.
5. Directory. If we decide to develop an Agency directory as defined in the regulations, we may include certain limited information about you while you attend program here. This information may include your name, address, phone number, where you are located within our Agency and your schedule including related services. This information may be provided to staff and others involved in your care. If you do not want us to list this information in our directory, you must tell us that you object.
6. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, we may use and disclose your health information.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse, neglect, or other incidents; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. We may disclose your health information to certain oversight organizations as required by regulation.
13. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
15. Marketing. We may contact you to provide appointment reminders or to give you information about other programs and services that may be of interest to you.

19. Fund-raising. We may contact you to participate in fund-raising activities for the Agency. We will use the money raised to expand or improve the services and programs we provide the community. If you do not wish to be contacted for fund-raising efforts, you must make your request in writing to the Director of Development and Marketing at the following address: Holy Childhood, 100 Groton Parkway, Rochester, NY 14623
21. Change of Ownership. In the event that the Agency is sold or merged with another organization, your health information/record will become the property of the new owner subject to all applicable legal consents and authorizations.

II. When the Agency May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, the Agency will not use or disclose your health information without your written authorization. If you do authorize the Agency to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. The Agency is not required to agree to the restriction that you requested. To request restrictions, you must make your request in writing to the Privacy Officer at Holy Childhood.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must make your request in writing to the Privacy Officer at Holy Childhood. For example, you can ask that we only contact you at work or by mail.
3. You have the right to inspect and copy your health information. To request a copy of this information, you must make your request in writing to the Privacy Officer at Holy Childhood. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.
4. You have a right to request that the Agency amend your health information that is incorrect or incomplete. You have the right to add a statement. The Agency is not required to change your health information and will provide you with information about the Agency's denial and how you can disagree with the denial. To request an amendment, your request must be in writing to the Privacy Officer at Holy Childhood. In addition, you must provide a reason that supports your request.
5. You have a right to receive an accounting of disclosures of your health information made by the Agency. This accounting will not include: disclosures we made for the purpose of treatment, payment or operations; disclosures made directly to you; disclosures to friends or family members involved in your care; disclosures for any agency director; disclosures for national security or intelligence purposes; disclosures made with your authorization; or other certain disclosures. To request this list of accounting of disclosures, your request must be in writing and must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be provided free of charge, but we may charge you for the costs of providing you additional accountings within that period.
6. You have a right to a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. You may obtain a copy of this Notice on our website, www.holychildhood.org. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer at Holy Childhood.

IV. Changes to this Notice of Privacy Practices

The Agency reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the Agency is required by law to comply with this notice.

We will post a copy of the current notice in the Agency. In addition, we will offer you a copy of the current notice with the next annual program year's Educational and Health Information Packet.

V. Complaints

Complaints about this Notice of Privacy Practices or how the Agency's handles your health information should be directed to the Privacy Officer at Holy Childhood.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>. There will be no retaliation for filing a complaint.



Acknowledgement of Receipt of Notice

***Holy Childhood
100 Groton Parkway,
Rochester, New York 14623
585-359-3710***

I hereby acknowledge that I have received a copy of **HOLY CHILDHOOD's** Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the individual, please indicate relationship:

- Parent or guardian of individual
- Health Care Proxy or Agent
- Beneficiary or personal representative of deceased individual
- Other

Name of Individual: _____
