

Notice of Privacy Practices

Children's Services Council of Palm Beach County, Florida

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

Children's Services Council of Palm Beach County (CSC) funds, alone or with contracted co-funding entities, a system of contracted Service Providers focused on achieving healthy births, keeping young children free from abuse and neglect, and able to enter kindergarten ready to learn. CSC and its contracted Service Providers share common purposes and outcome goals, participate in joint planning and quality assurance processes, and are able to rely on a shared system of care, including an integrated data system.

CSC contracts with Service Providers to provide screening, assessment and services. The information collected about you – screening and assessment, referral history, and services you have previously used, as well as case notes – will be made available by CSC to those CSC- contracted co-funding entities and Service Providers within the system. By sharing your information among these entities, all can evaluate how well those services are coordinated and whether they are meeting your needs and are of the highest quality. Additionally, CSC can evaluate your information along with others using these services to determine if these multiple services are helping to increase healthy births, reduce child abuse and neglect and increase the number of children entering school ready to learn.

CSC may disclose information about an individual without the individual's permission if it has reason to believe any child is being abused or neglected. CSC is required by law or court order to report suspected abuse or neglect to the Department of Children and Families. Such reports are made so families will receive assistance they need to keep children healthy and safe. CSC may share information about the individual without the individual's permission if required by law, court order, and/or subpoena by a court of law, or in a life-threatening emergency. Information will not be used for marketing, sale or fund raising purposes. Other uses and disclosures will be made only with the individual's written authorization which may be revoked at any time by submitting a written revocation to CSC Privacy Officer, disclosure made in reliance on an authorization before revocation will not be affected by the revocation.

CSC or a contracted Service Provider may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

You have rights to have your health information protected. A brief description of these rights follows:

- The right to request restrictions on certain uses and disclosures of Protected Health Information, but neither CSC nor its contracted Service Providers is required to agree to a requested restriction, unless the request involves the use and disclosure of Protected Health Information to a health plan and such information pertains solely to health care services or items for which the individual (or someone on the individual's behalf) has paid in full.
- The right to receive confidential communications of Protected Health Information.
- The right to inspect and copy certain Protected Health Information. The right is subject, for copying, to payment of a reasonable fee for case of copying, mailing, or other supplies associated with such request. If the record is maintained in electronic form, the individual has the right to an electronic copy in the format requested if readily producible, otherwise in CSC's standard electronic format or in a format that CSC and the individual agree upon

(if no agreement is reached a readable paper copy form will be provided).

- The right to amend Protected Health Information.
- The right to receive an accounting of disclosures of Protected Health Information.
- The right to obtain a paper copy of this notice from CSC upon request.
- The right to be notified upon a breach of any of your unsecured Protected Health Information.

To exercise these rights contact CSC's Privacy Officer at the address for CSC set forth below.

CSC is required by law to maintain the privacy of Protected Health Information and to provide individuals with notice of its legal duties and privacy practices with respect to Protected Health Information and to abide by the terms of the notice currently in effect.

CSC reserves the right to change the terms of its notice and to make the new notice provisions effective for all Protected Health Information that it maintains. CSC or its contracted Service Provider will provide you with a revised notice upon your next visit or you can download it from CSC's website www.cscpb.org.

You may file a complaint with the Service Provider, CSC and/or to the United States Department of Health and Human Services, Office of Civil Rights if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. To file a complaint, send a brief description to:

- **Children's Services Council**
CSC Chief Communications Officer
2300 High Ridge Road
Boynton Beach, Florida 33426-8757
Phone: 561-740-7000 x2226

OR

- **Service Provider**

OR

- **Department of Health and Human Services, Office of Civil Rights**
Region IV
Roosevelt Freeman, Regional Manager
Office for Civil Rights, U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone (404)562-7886
FAX (404)562-7881; TDD (404)331-2867

This notice is effective as of 9/23/13.

Acknowledgement of Receipt of Notice of Privacy Practices

CSC reserves the right to modify the privacy practices outlined in this notice.

I have received a copy of the Notice of Privacy Practices to read. I understand that if I wish to keep a copy I will receive one upon request.

Name of Client (Print or Type)

Signature of Client

Name of Client Representative (Required if client is a minor or an adult who is unable to sign)

Signature of Client Representative (Required if client is a minor or an adult who is unable to sign)

Representative's Relationship to the Client (Required if client is a minor or an adult who is unable to sign)

Date

Documentation of Attempt to Obtain Acknowledgment of Receipt of Privacy Practices

Attempt to Obtain Acknowledgement

An attempt was made to obtain an acknowledgment of the receipt of the Notice of Privacy Practices on _____ **[date]**. The Acknowledgement was not obtained because:

- The client refused to sign
- The client representative refused to sign
- The client was undergoing emergency treatment
- Other _____

Name of Client: _____

Signature of Staff Member: _____

Name of Staff Member: _____ Date: _____