



RETAIN FOR YOUR FILES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED BY JOYA CHILD & FAMILY DEVELOPMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ THIS NOTICE CAREFULLY

Effective April 14, 2003

Under the HIPAA Privacy regulations, issued on December 28, 2000, Joya Child & Family Development ("Joya") and all similar health care providers are required by federal law to maintain the privacy of your child's protected health information ("PHI").

Please be advised that Joya may use PHI in rendering treatment to your child. For example, we are permitted to use PHI in providing your child with medical care at our facility or when your child is treated in a physician's office, hospital or nursing facility. Under federal law, we may disclose your child's PHI to you, or we can disclose your child's PHI to third parties for treatment (for example, a specialist). We can disclose your child's PHI for payment (for example, we will disclose your child's PHI to your insurance provider in order to be reimbursed for services rendered to your child). We will also disclose your child's PHI when required by the Secretary of the United States Department of Human & Health Services.

Though we are prohibited from disclosing your child's PHI without your consent, our practice may use or disclose your child's PHI in accordance with the specific requirements of HIPAA, without your consent or authorization, if any of the following instances occur:

1. If the disclosure is in furtherance of operations, treatment or payment as those terms are defined under HIPAA;
2. If Required by law;
3. If Required for public health purposes;
4. If Required to report or protect victims of abuse, neglect or domestic violence;
5. If Required by a health oversight agency for oversight activities authorized by law;
6. If Required in the course of any judicial or administrative proceeding;
7. If Required for a law enforcement purpose to a law enforcement official;
8. If Required by a coroner or medical examiner;
9. If Required by an organ procurement organization, for research; and
10. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

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Notice to Patients page 2

We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, text or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

We may use or disclose a limited amount of demographic information to Joya Development staff in order to contact you about our fundraising efforts. We may invite you to participate in raising money for Joya. All donations will be used to expand, improve and support Joya’s services, operations and programs. You have the right to opt out of these communications. Information on how to opt out of receiving fundraising materials or requests will be provided on all communications sent from Joya.

In the event we wish to disclose your child’s PHI to another entity besides those referenced above, we are required to obtain your authorization. For example, if we participate in outside research or a drug study, we would need your written authorization prior to releasing your child’s PHI to such outside research facility or drug manufacturer. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending Joya a written revocation. If we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures.

Please be further advised that you have the ability to access, copy, inspect and amend your child’s medical information that we maintain. Additionally, if you desire, Joya can provide you with an accounting of all disclosures that we have made of your child’s PHI to third parties, except disclosures for treatment, payment or healthcare operations.

If you have a dispute with our facility regarding the use of your child’s PHI or a disclosure by Joya, please contact Joya’s Privacy Officer to file a dispute.

Lastly, please be advised that you have the right to request restrictions on certain use and disclosures of your child’s PHI to carry out treatment, payment or healthcare operations. You may also restrict disclosures (by Joya) of your child’s PHI to a family member, relative or a close personal friend. However, we are not required by federal law to agree to your requested restriction. If you request a copy of your child’s PHI, you also have the ability to request that we send it to an alternative location (different address) and by alternative means. Additionally, this notice is posted on our website and a copy will be provided to you upon your request.

Thank you, and if you have any questions, please direct them to Joya’s Privacy Officer at (509) 326-1651.

Patient or legally authorized individual signature:
Print your name:
Patient Name:
Relationship to Patient:
Date: