

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

**CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS**  
**"CDCB"**  
**NOTICE OF PRIVACY PRACTICES**

Effective Date: October 1, 2011

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

**WHAT IS THIS NOTICE?**

This Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

**THIS NOTICE TELLS YOU:**

- How the Child Development Centers of the Bluegrass ("CDCB," "we," "our" or "us") and our employees, agents, volunteers and contractors, may use and give out your child's protected health information ("PHI") to carry out treatment, payment or health care operations and for other purposes permitted or required by law.
- What your rights are regarding the access and control of your child's health information.
- How CDCB protects your child's health information.

**THE PRIVACY PRACTICES OUTLINED IN THIS NOTICE WILL BE FOLLOWED BY:**

- CDCB staff;
- Health care professionals authorized to enter information into your child's health record;
- CDCB volunteers, practicum students; and
- CDCB consultants/contractors and their employees.

The above parties may share health information as needed with each other for treatment, payment, or administrative operation purposes described in this notice.

**OUR DUTY TO PROTECT YOUR PRIVACY**

Your child's health information is personal. We are legally required to protect the privacy of your child's personal health information in all aspects of our business, and we have written policies about protecting that privacy. When your child's health information is released, we must release only the information necessary to achieve the purpose of the disclosure. However, if you sign an authorization form, all of your child's personal health information will be available for release to you, to a provider for treatment, or to fulfill a legal requirement.

Responsible adult initials after reading above and having questions answered by staff person: \_\_\_\_\_

CDCB Staff witness: \_\_\_\_\_

### WHERE DO I SEND QUESTIONS OR REQUESTS?

To submit questions about your privacy rights or to submit a written request to us regarding your right to privacy, write to the following address:

Privacy Officer  
Child Development Centers of the Bluegrass  
465 Springhill Drive  
Lexington, KY 40503

Or, you may call our Privacy Officer by dialing 1-859-278-0549.

### OUR RESPONSIBILITIES

We are required by law to:

- Abide by the terms of the notice currently in effect.
- Support your child's Privacy Rights under the law.
- Provide you with a paper copy of this Notice of Privacy Practices and post it on our web site.
- Post this Notice in our lobby.
- Give you a new Notice if our privacy practices change.
- Treat your child's personal health information as confidential by not using or giving out your child's information without your written permission, except under the allowable circumstances given in this notice.
- Tell you the types of information we collect on your child.
- Release your child's health information in the event of an emergency. (This release of your child's information must be in your child's best interest.)
- Inform you when we give your child's information to law enforcement and legal entities, unless it is believed that informing you would impede an investigation or cause harm.
- Notify you if we are unable to agree to a requested restriction/amendment.
- Follow state laws regarding the release of your child's personal health information in the instances where state law provides stronger protection of your child's information than the HIPAA law.
- Accommodate your reasonable requests to communicate health information by alternative means or at alternative locations.

We reserve the right to change privacy practices and to make the new provisions effective for all Protected Health Information ("PHI") that we maintain. Should our information practices change; we will post a new Notice in a clear and prominent location in our lobby in each CDCB office. You may receive a copy of the new Notice from any of our offices.

Responsible adult initials after reading above and having questions answered by staff person: \_\_\_\_\_  
CDCB Staff witness: \_\_\_\_\_

**UNDERSTANDING YOUR CHILD'S HEALTH RECORD/INFORMATION**

Each time your child receives therapy services at CDCB, a record of that service is made. This record contains information about your child, including demographic information (e.g., name, address, and telephone number) and relates to your child's past, present or future physical or mental health condition. This information, often referred to as your child's health or medical record, serves as the basis for treatment, payment and healthcare operations, all as described in more detail below:

***TREATMENT***

- Basis for planning your child's care and treatment (for example, a therapist may use the information in your child's record to determine the treatment option which would best address your child's therapy needs).
- Means of communication among the many health care professionals who are involved in your child's care (for example KY First Steps, IFSP team, Kentucky's Early Intervention System, KERA, Spina Bifida Association, Center for Accessible Living, Local Health Department, Department of Medicaid).

***PAYMENT***

- Means for an insurance company or the government to pay for your child's treatment. We will submit a bill that identifies your child, your child's diagnosis, and the treatment provided to your child. As a result, we will pass such health information onto our billing agent to receive payment for your child's medical bills.
- Means by which you or a third-party payer can confirm that billed services were actually provided.

***HEALTH CARE OPERATIONS***

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**NOTE: Children are observed regularly by parents and other visitors in their classrooms. CDCB's Lexington program has observation rooms that have one-way glass that allows all children to be observed without distracting them. Children receiving therapy services are integrated with children not receiving services. This integration is known as an inclusive classroom program. This observation is a necessary component in our parent involvement philosophy and is integral to our operations.**

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- Basis for communication with an outside governmental agency auditing program delivery or our professional staff.
- Source of information used by us in your child's diagnosis, treatment, and outcomes. We or the Commonwealth of Kentucky for its First Steps program may use this information in order to improve the quality or cost of care. These quality and cost improvement activities include evaluating the performance of our professionals, or determining the effectiveness of treatment provided to your child when compared to children in similar situations.

- Tool to plan your child's care. This includes future therapy sessions, referrals for treatment or services and opportunities offered through community resources. For example, we may contact a parent of a child with a hearing impairment, a parent of a child with hemophilia or a parent of a child with sickle cell anemia regarding new service, procedures, support groups, advocacy opportunities, camps, learning opportunities, drugs, or research projects.

**YOUR CHILD'S HEALTH INFORMATION**

Your child's health record contains Protected Health Information ("PHI"). State and federal law protects this information. Understanding that we expect to use and share your child's health information helps you to:

- Make sure it is correct;
- Better understand who, what, when, where and why others may access your child's PHI; and
- Make more informed decisions when authorizing releases to others.

Although your child's health record is our physical property<sup>1</sup>, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Inspect and obtain a copy of your child's health information with certain exceptions. For example, this right does not apply to any psychotherapy notes included in your child's record or to information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding. There is no charge for the first copy of your child's PHI. However, you may be charged a reasonable fee for additional copies.
- Request restrictions on certain uses and disclosures of your child's PHI and how your child's information is shared. For example, if your child receives certain medical devices such as a cochlear implant, you may refuse to release your child's name, address, telephone number, social security number or other identifying information for the purpose of tracking or for studies. Additionally, you may ask us to restrict the disclosure of your child's PHI:
  - ◇ For purposes of treatment, payment or healthcare operations;
  - ◇ To family members or friends who may be involved in your child's care or payment of your child's medical bills; or
  - ◇ To authorities involved with disaster relief efforts.

However, we are not required to agree to your requested restrictions except in the limited situation of not disclosing PHI to health plans for payment if you have already paid for the health care item or service out of your own pocket.

- Request that you receive confidential communications by alternative means or at alternative locations. For example, you may request receipt of information about your child's health status in a special, private room or through a written letter or have correspondence sent to a private address. We must accommodate reasonable requests.

<sup>1</sup> First Steps recipient records are the property of the Cabinet for Health and Family Services and shall be surrendered immediately upon request to Cabinet officials.

Responsible adult initials after reading above and having questions answered by staff person: \_\_\_\_\_  
CDCB Staff witness: \_\_\_\_\_

- Request that a correction be made to your child's health information. If you believe your child's health information is incorrect, you may ask us to correct it. You will be asked to submit your request in writing and to specify why your child's health information should be changed. However, if the information you believe is incorrect was not created by us or if we disagree with you and believe your child's health information is correct, your request may be denied. If corrections are made to your child's health information, they will be done as amendments.
- Obtain a listing of certain health information we disclosed during the previous six years other than for purposes of treatment, payment or health care operations. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you make more than one request per calendar year. The list of disclosures will not include the disclosures made to you, disclosures made for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health or licensing oversight activities, for our directory, made to your child's friends or family members involved in your child's care, and disclosures made that are incident to permitted disclosures as listed below.
- Revoke your authorization to use or share your child's health information except to the extent that action has already been taken on your behalf.

**OTHER ALLOWABLE USES OF YOUR CHILD'S HEALTH INFORMATION WITHOUT PERMISSION (AUTHORIZATION)**

**Business Associates:**

We are permitted to disclose your child's PHI to business associates. Our business associates include offsite therapy providers, providers of legal services, onsite therapy service providers, training and other educational services. Information shall be made available to them on a need-to-know basis for those activities associated with the services they provide and in order to comply with regulatory agencies. Whenever we have an arrangement with a business associate that involves the use or sharing of your child's protected health information, we will have a written contract that contains terms that will protect the privacy of your child's protected health information.

**Public Health:**

As required by law, we will disclose your child's Protected Health Information to state and federal public health, or legal authorities charged with preventing or controlling disease, injury, or disability. We will share your child's PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of getting or spreading the disease or condition. Information will be released to avert a serious threat to health or safety. Any disclosure, however, would only be to someone authorized to receive that information pursuant to law.

**Food and Drug Administration (FDA):**

We will disclose to the FDA health information relative to adverse events with respect to food, supplement products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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CDCB Staff witness: \_\_\_\_\_

**Licensing:**

We will disclose your child's relevant PHI to the Commonwealth of Kentucky for purposes of maintaining licensure and certification, including but not limited to Kentucky's STARS for KIDS NOW program.

**Appointment Reminders:**

We may use and disclose your child's information to remind you of an appointment.

**Treatment Alternatives, Health-Related Benefits and Services:**

We may use and disclose your child's information to discuss treatment alternatives and health-related benefits or services that may be of interest to you.

**Fundraising Activities:**

We may use information about your child to contact you in an effort to raise money. We would release only limited information such as contact and demographic information and dates your child received services.

**Individuals Involved in Your Child's Care or Payment for Your Child's Care:**

We may release medical information about your child to a friend or family member who is involved in your child's medical care. We may also give information to someone who pays for your child's care. We may also tell your family or friends your child's condition and that your child is being treated unless you request privacy. In addition, we also may disclose information about your child to an organization or agency assisting in disaster relief efforts so that your family can be notified about your child's condition and location.

**To Avert a Serious Threat to Health or Safety:**

We may use and disclose information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Such disclosure would be to the target of the threat or to someone able to help prevent the threat.

**Abuse, Neglect, Exploitation:**

We will disclose your child's relevant PHI to Kentucky's Cabinet for Health and Family Services, Office of Attorney General, and representatives who are authorized by law to receive reports of abuse, neglect and exploitation. In addition, we will disclose to the governmental agency authorized to receive such information your child's relevant PHI if local law enforcement believes that you, as the parent and/or custodian, have been a victim of abuse, neglect, exploitation or domestic violence.

**Health and Governmental Oversight:**

We will share your child's PHI with health oversight agencies such as federal and state Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations, Cabinet for Health and Family Services, Office of the Commonwealth's Attorney General, U.S. Attorney General, Federal and the Commonwealth's Department of Education for activities such as audits, investigations and inspections and compliance with civil rights laws. We may disclose your child's health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system of governmental benefit programs.

**Research:**

We will disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your child's health information will be protected.

**Coroners, Funeral Directors, and Organ Donation:**

We will disclose PHI to a coroner, medical examiner or funeral director for identification purposes, to determine cause of death or for the coroner or medical examiner to perform their other duties authorized by law. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Law Enforcement/Legal Proceedings:**

We will disclose health records for law enforcement purposes as required by law or in response to a valid subpoena, discovery request or other lawful process. Also, we will disclose information to the government for national security and intelligence reasons.

**Correctional Institution:**

Should your child be an inmate of a correctional or juvenile detention institution, we will disclose to correctional institution information necessary for your child's health and the health and safety of other individuals.

**Workers Compensation:**

We will disclose health information to the extent authorized by law and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**WHEN WE MAY NOT USE OR DISCLOSE YOUR CHILD'S HEALTH INFORMATION WITHOUT AUTHORIZATION**

Other than for the allowed reasons listed above, we will not use or disclose your child's data without written permission (Authorization) from you. If you do authorize us to use or disclose your child's data in other ways, you may revoke your permission in writing at any time. Once you revoke your permission, we will no longer be able to use or disclose your child's data for the reasons stated in your original authorization.

**NOTICE OF PRIVACY PRACTICES AVAILABILITY**

This notice will be prominently posted in our lobby at 465 Springhill Drive, Lexington, KY 40503, and at each of our offices. Individuals will be provided a hard copy and the notice will be maintained on our web site for downloading.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or concerns regarding your privacy rights or the information in this notice please contact the Executive Director or the Privacy Officer at the number listed on page 2.

If you believe your privacy rights have been violated, you can file a complaint with us or with the Office of Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201; or online at

Responsible adult initials after reading above and having questions answered by staff person: \_\_\_\_\_  
CDCB Staff witness: \_\_\_\_\_

**Notice of Privacy Practices**  
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**Child's Name:** \_\_\_\_\_  
**Child's DOB:** \_\_\_\_\_

<http://www.hhs.gov/ocr/office/file/index.html>. In your complaint to the Office of Civil Rights, you will need to identify our organization by name and describe the acts or omissions you believe violated your child's privacy rights. Your written complaint must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred. We will not retaliate against you or your child if you choose to file a privacy complaint or exercise any of your privacy rights.

I have read/been read the above Privacy Practices of the Child Development Centers of the Bluegrass. I understand all components of it and have had all questions answered by a staff person.

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of CDCB staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Interpreter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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CDCB Staff witness: \_\_\_\_\_