CHILD ADULT RESOURCE SERVICES, INC.
Privacy Practice Notice

You can request a copy of the Privacy Practice Notice at any time. Copies are available at C.A.R.S. Community Service Locations.

The Privacy Practice will be available to you in writing and/or in your usual mode of communication.

C.A.R.S. is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law.

Your C.A.R.S. file typically contains your emergency contacts, diagnosis, medical information, service documentation, etc. C.A.R.S. has an ethical and legal obligation to protect the privacy of your protected health information (PHI). C.A.R.S. will disclose this information in limited circumstances.

This Privacy Practice Notice describes how your medical information may be used and disclosed and how you can get access to this information – please review it carefully.

Uses & Disclosures

- Treatment – C.A.R.S. may use and disclose your personal / PHI to provide, coordinate and manage your services. This may include consulting with other providers that are involved with your care. For example, we may release your protected health information to your waiver manager in ensure your funding is allocated for the services you need.
- Payment – C.A.R.S. may use and disclose your personal / PHI so that we may bill and collect payment for the services that we provide to you. For example, we may contact Medicaid, Office of Vocational Rehabilitation and/or the Bureau of Developmental Disability Service Office to verify your eligibility for payment.
- Operations Purposes – C.A.R.S. may use and disclose your personal / PHI to assist in the operation of our services. For example, management staff may use your health information to complete assessments and develop individual plans in effort to improve the quality and effectiveness of the services we provide to you.

Other Uses & Disclosures

- Legal Guardian – If you have a legal guardian, we will treat that person as if that person is you with respect to disclosures of your personal / PHI. If you become deceased, we may disclose your personal / PHI to an executor or administrator of your estate to the extent that person is acting as your personal representative.
- Service Options – C.A.R.S. may use and disclose your personal / PHI in order to inform you of alternative services.
- Release to Family/Friends – If you/guardian sign a Provider-Agency Release form for a family member, close personal friend or any other person you identify – C.A.R.S., using our professional judgment, may disclose your personal / PHI to the extent it is relevant to that person's involvement in your care. You/guardian have the right to object to such a disclosure in writing.
- Newsletters and Other Communications – C.A.R.S. may use your personal / PHI in order to communicate to you via emails, newsletters, mailings or other means regarding C.A.R.S. services or other community based activities in which our agency is participating in.
- Appointment Reminders – C.A.R.S. may use and disclose your personal / PHI to contact you as a reminder that you have a meeting. You may request that we call you only at a certain number or that we refrain from leaving messages. We will strive to accommodate all reasonable requests.
- Health-Related Benefits and Services – C.A.R.S. may use and disclose your personal / PHI to tell you about health-related benefits or services that may be of interest to you.

- Business Associates – C.A.R.S. sometimes contracts with third-party business associates for services. Examples include an electric data collection system, billing services, consultants, and legal counsel. We may disclose your personal / PHI to our business associates so that they can perform the job we have asked them to do. To protect your personal / PHI, however, we require our business associates to appropriately safeguard your information.
- Workers Compensation – C.A.R.S. may disclose your personal / PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- Marketing – In most circumstances, C.A.R.S. is required by law to receive your written authorization before we use or disclose your personal / PHI for marketing purposes. However, we may provide you with promotional gifts of nominal value. Under no circumstances will we sell our client lists or your personal / PHI to a third party without your written authorization.
- Disaster Relief – C.A.R.S. may disclose your personal / PHI in disaster relief situations where disaster relief organizations seek your personal / PHI to coordinate your care, or notify family / friends of your location and condition. We will provide you with an opportunity to agree or object to such a disclosure whenever we possibly can do so.
- Food and Drug Administration / FDA – C.A.R.S. may disclose to the FDA and other regulatory agencies of the federal and state government personal / PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing monitoring information to enable product recalls, repairs, or replacement.
- Public Health Activities – C.A.R.S. may disclose your personal / PHI for public health activities. These activities generally include the following:
    - Reports of deaths
    - Prevention or control of disease, injury, or disability
    - Notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
    - Notifications to appropriate government authorities if we believe a client has been the victim of abuse, neglect, or domestic violence.
        - C.A.R.S. will make this disclosure when required by law – if you agree to the disclosure – when authorized by law and in our professional judgment disclosure is required to prevent serious harm.
- Law Enforcement – We may release your personal / PHI:
    - In response to a court order, subpoena, warrant, summons, or similar process of authorized under state or federal law
    - To identify or locate a suspect, fugitive, material witness, or similar person
    - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
    - About a death we believe may be the result of criminal conduct
    - About criminal conduct at C.A.R.S.
    - To coroners or medical examiners
    - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime
    - To authorized federal officials for intelligence, counterintelligence, and other national security authorized by law
    - To authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

Individual Rights

You have the following rights regarding your personal / PHI we gather about you:

- Right to Obtain a Paper Copy of This Notice – You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

- Right to Inspect and Copy – You have the right to inspect and copy your own personal / PHI that may be used to make decisions about your care. This includes documentation within your master file or billing records. To inspect and copy medical information – contact your supervisor for assistance.
- Right to Amend – If you feel that the personal / PHI we have about you is incorrect or incomplete; you may ask us to amend the information. To request an amendment- contact your supervisor for assistance. We may deny your request if you ask us to amend information that:
    - Was not created by C.A.R.S. – unless the person or entity that created the information is no longer available to make the amendment
    - Is not part of the medical information kept by C.A.R.S.
    - Is not part of the information which you would be permitted to inspect and copy
    - Is accurate and complete.
        - If C.A.R.S. denies your request for amendment, you may submit a statement of disagreement. Your statement of disagreement will be placed in your master file, and may also include a rebuttal statement by C.A.R.S.
- Right to an Accounting of Disclosures – You have the right to request an account of the disclosures of your personal / PHI made by us. To request an account of disclosures – contact your supervisor for assistance.
- Right to Request Restrictions – You have the right to request a restriction or limitation on the personal / PHI C.A.R.S. uses or discloses about you for treatment, payment, or operations purposes. You can request restrictions on…
    - What information you want to limit
    - Whether you want to limit our use, disclosure, or both
    - To whom you want the limits to apply
- Right to Request Confidential Communications – You have the right to request that C.A.R.S. communicates with you about personal / medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by e-mail. To request confidential communications – contact your supervisor. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to Receive Notice of a Breach – C.A.R.S. is required to notify you by first class mail or by e-mail of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
    - A brief description of the breach, including the date of the breach and the date of its discovery, if known
    - A description of the type of Unsecured Protected Health Information involved in the breach
    - Steps you should take to protect yourself from potential harm resulting from the breach
    - A brief description of actions C.A.R.S. is taking to investigate the breach, mitigate losses, and protect against further breaches
    - Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.
- In the event the breach involves 10 or more clients whose contact information is out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media.
- If the breach involves more than 500 clients in the state or jurisdiction, we will send notices to prominent media outlets.
- If the breach involves more than 500 clients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 clients during the year and will maintain a written log of breaches involving less than 500 clients.

C.A.R.S. Duties

C.A.R.S. is required to:

- Maintain the privacy of your personal / PHI
- Provide you with notice, such as this Notice of Privacy Practices, as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of our most current Notice of Privacy Practices
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Provide you with this notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by C.A.R.S.

C.A.R.S. reserves the right to change our practices and to make the new provisions effective for all your health information that we maintain.

- Should our information practices change, a revised Notice of Privacy Practices will be available upon request. If there is a material change, a revised Notice of Privacy Practices will be distributed to the extent required by law. We will not use or disclose your health information without your authorization, except as described in our most current Notice of Privacy Practices.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- C.A.R.S. using our Grievance Procedure (and / or)
- Secretary of the U.S. Department of Health and Human Services
    - 200 Independence Ave, S.W., Washington, D.C. 20201.
- All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred.
- See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information.
- You will NOT be penalized for filing a complaint.

Who to Contact at C.A.R.S. …

If you have any questions about this Notice of Privacy Practices, please contact:

- Quality Assurance Coordinator
    - Parke Center / 201 North Dormeyer Avenue / Rockville, IN 47872 / (765) 569-2076

Authorization for Other Uses of Medical Information

- Uses of medical information not covered by our most current Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. You should be aware that we are not responsible for any further disclosures made by the party you authorize us to release information to. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization or, if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has the right to contest a claim or the insurance coverage itself. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.