

Northwest Center
Child Development Program
Notice of Privacy Practices

This notice describes how medical information about your child may be used and disclosed and how you can get access to that information.

Please review it carefully.

Why we are sending this notice:

A federal law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA) and related regulations require us to maintain the privacy of your child's Protected Health Information and to notify you about our legal duties and our privacy practices. We are required to abide by HIPAA regulations because of the developmental services we provide to some children in our programs, but we will abide by the same standards for all the children we serve. Parents of all children in our programs receive this Notice. The Notice of Privacy Practices you are now reading explains how we safeguard your child's Protected Health Information-including both identity information (such as name, address, social security number) and health information (such as medical diagnosis or treatments). For the remainder of this Notice, we will refer to your child's Protected Health Information as your child's personal information or your child's health information.

Northwest Center's commitment to you.

We respect our ethical and legal obligation to keep your child's personal information private. We ask your authorization for any use or disclosure not described in this Notice. Northwest Center collects health information about your child in various ways. For example, we may collect health information from you, from your child's health care providers, or from state agencies such as the Division of Developmental Disabilities (DDD). We will limit the use and disclosure of your child's health information to that which is described in this Notice.

How we may use or disclose your child's personal health information:

For treatment: The most common reasons why we use or disclose your child's health information are in regard to providing child care and developmental services. For example, we may use or disclose your child's health information in setting up a program plan, an individualized family service plan, or therapy services. We may disclose personal information about your child to your family members, transportation provider, or friend who picks up or cares for your child. We may exchange information with doctors or nurses, nursing or other professional students, or other personnel who are involved in providing services or care to your child. They may work at our facilities or at

another agency or business with whom we contract. We will make sure that all agencies with whom we contract agree to meet the same confidentiality standards.

For children receiving developmental services through the Infant Toddler Early Intervention Program (ITEIP), personal information is entered into the ITEIP electronic data system. The detailed personal information is available only to the Family Resource Coordinator (FRC), King County DDD, and the NWC team with your consent.

For payment: We also use or disclose your child's health information as necessary to bill for services and collect payment through our billing contractor. For example, we may share information about your child's services at NWC with a funding source such as your insurance company or the Department of Social and Health Services (DSHS) to confirm eligibility for developmental services or to document level of services for billing and payment.

For health care operations: We may use and disclose your child's health information for operations of our programs and services. These uses and disclosures are necessary to run our business and make sure that all of our participants receive quality services. For example, we may use your child's health information to review our treatment and services, or to evaluate the performance of our staff in providing child care or developmental services. We may also combine health information about many participants to decide what additional services we should offer, what services are not needed, whether certain new approaches are effective, and to see where we can make improvements.

Other purposes for which we may use or disclose your child's personal information without your authorization:

As required by law. We disclose your child's health information when required to do so by federal, state or local law.

To avert a serious threat to health or safety. We may use and disclose your child's health information if we believe the disclosure is necessary to avert a serious and imminent threat to his or her health or safety or the health or safety of others. We may disclose your child's health information to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, neglect, domestic violence or other crimes.

Public health risks. We may use and disclose your child's health information if required for public health activities such as to prevent or control disease, injury or disability, to report abuse or neglect, to report reactions to medications or problems with products, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health oversight activities. We may use and disclose your child's health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and disputes. If you are involved in a lawsuit or dispute, we may use and disclose personal information about your child in response to a court or administrative order. We may also disclose personal information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the

dispute, but efforts may be made to tell you about the request or an opportunity has been provided for you to obtain an order protecting the information requested.

Law enforcement. We may release personal information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process.
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a death we believe may be the result or criminal conduct;
- about criminal conduct at our facility.

Your rights regarding your child's personal health information

You have the following rights regarding health information we maintain about your child:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of personal information that may be used to make decisions about your child's program and services here at NWC. Usually, this includes service and billing records.

Right to request restriction: You have the right to request a restriction or limitation on the personal information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the personal information we disclose about your child to someone who is involved in your child's care or the payment for that care, such as a family member or friend. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or we believe it will negatively impact the care we may provide. If we do agree, we will comply with your request. To request a restriction, you must make your request in writing to the person listed at the end of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to receive confidential communications: You have the right to request that we communicate with you about your child's services in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the person listed at the end of this notice, saying how or where you wish to be contacted. We do not ask the reason for your request. We accommodate all reasonable requests.

Right to amend: If you feel that personal information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. Your request must be made in writing, submitted to the person listed at the end of this document, and must be contained on one page of paper legibly handwritten or typed in at least 10-point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us
- is not part of the health information kept by or for our agency.
- is not part of the information which you would be permitted to inspect and copy.
- is accurate and complete.

Any amendment we make to your child's health information will be disclosed to those with whom we disclose information as previously specified.

Right to receive an accounting of disclosures of protected health information: You have the right to request a list accounting for any disclosures of your child's personal information we have made, except for uses and disclosures for treatment, payment and health care operation, as previously described.

To request this list of disclosures, you must submit your request in writing to the person listed at the end of this notice. Your request must state a time period which may not be longer than six years and may not include dates before September 5, 2002. The first list you request within a 12-month period will be free. For additional lists, we may charge you, in advance, for the costs of providing the request. We may mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list, but this date is not to exceed a total of 60 days from the date you made the request.

Other uses of personal health information

Membership. Northwest Center has been a membership organization since its inception in 1965. This gives participants and their representatives the opportunity to vote in the annual election of the Board of Directors of Northwest Center. To facilitate this process, we will send out mailings about the annual membership meeting and election each year. If you do not wish to receive these notices, you may **opt out** using the form enclosed with this Privacy Notice.

Mailings. We may from time to time send out mailings to our participants such as a newsletter, information about fundraising activities of our Northwest Center Foundation, activities of our Northwest Center Board of Directors and notices of other events such as parent meetings. We may send selected individuals information about opportunities to participate in research, if that research has been approved by an appropriate Institutional Review Board and our own Northwest Center Ethics Committee. If you do not wish to receive mailings described in this paragraph, you may **opt out** by signing the appropriate space on the form at the end of this notice. If you opt out, we must make every effort to make sure you receive no more of these mailings.

Other uses. Other uses and disclosures of health information not covered by this notice or the laws that apply to us may be made with your **written authorization**. If you provide us permission to use or disclose personal health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we may no longer use or disclose personal information about you for the reasons covered by your written authorization. The revocation does not apply to disclosures or uses we made while the permission was still in effect.

Changes to this notice

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about your child that we maintain. If we make changes to our privacy practices, we will provide you with a copy of the revised Notice. We will also post the revised Notice on our web site. (<http://www.nwcenter.org>)

Electronic notice

If you receive this Notice on our web site or by email, you are also entitled to receive this Notice in paper form. To obtain a paper copy of this Notice, contact us as described below.

Filing a complaint

If you believe your child's privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or with the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.

At will employment

For a parent who works at Northwest Center, and also has a child who receives care from Northwest Center's Child Development Program, This notice, does not amend, alter, or eliminate the at will employment relationship between yourself and Northwest Center.

Contact information

You may exercise any of your rights described in the Notice, or ask any questions about this Notice, by contacting:

Jane Dobrovolny, Director
Child Development Program
2919 1st Ave. W.
Seattle, WA 98119
Phone 206-286-2322

The effective date of this notice is April 14, 2003. It remains in effect until it is replaced.

Northwest Center Child Development Program Acknowledgement of Receipt of Privacy Notice and Opt Out Selections

Acknowledgement of Receipt of Privacy Notice

By signing this section, I acknowledge that I have received a copy of the Northwest Center Child Development Program Notice of Privacy Practices.

Signature of Parent or Guardian

Date

Opt Out for Membership-Related Mailings

I understand that Northwest Center is a membership organization and sends out announcements of general membership meetings, the annual election of Board Members and other membership-related mailings. By signing this section, I ask to be removed from this mailing list.

Signature of Parent or Guardian

Date

Opt Out for General Mailings

I understand that Northwest Center sends out mailings such as newsletters, information about fundraising activities of Northwest Center Foundation, notices of parent meetings and programs, and opportunities to participate in approved research studies. By signing this section, I ask to be removed from this general mailing list.

Signature of Parent or Guardian

Date