



the parent • child
interaction center • LLC

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*Notice of Information/Privacy Practices
Effective Date 2/08*

This notice describes how health information about you may be used and disclosed and how you can get access to this information. PLEASE READ IT CAREFULLY.

OUR PLEDGE REGARDING PRIVATE HEALTH INFORMATION

We understand that the information we maintain about you and your health is personal. We are committed to protecting this information. We create a record of the care and services you receive at P-CIC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by or available to P-CIC's workforce (which may include any health care professional who enters information into your health care record; volunteers, finance staff, information services staff, etc.)

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- **Make sure that clinical information that identifies you is kept private;**
- **Give you this notice of our legal duties and privacy practices with respect to clinical information about you; and**
- **Follow the terms of the notice that is currently in effect.**

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical and/or clinical information. For each category of uses or disclosures we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use clinical/medical information about you to provide treatment or services. We may disclose clinical/medical information about you to doctors, nurses, clinicians, interns, or other P-CIC personnel who are involved in treating you. For example, a clinician treating you or your child for anger management issues may need to know if you have physically acted-out in the past. With this knowledge the treatment team may create a safety plan to protect you and the people around you when/if you or your child begin to act out. In addition, the clinician may need to tell a physician if your symptoms are not improving. The physician may explore prescribing medication or recommend testing. Different staff members of P-CIC may share information about you to one another in order to coordinate the different things you need, such as additional treatment, and case management. We also may disclose information about you to people outside P-CIC who may be involved in your treatment, or as part of coordinating follow-up care. These people may include family members, social workers, school employees, neighbors, clergy, county employees, or others involved in providing services that are part of your care.
- **For Payment.** We may use and disclose medical/clinical information about you so that the treatment and services you receive at P-CIC may be billed to and payment may be collected from you, the County, an insurance company, or another such third party. For example, we may need to give your health plan information about treatment you received at P-CIC so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about treatment we are recommending, to obtain prior approval or to determine whether your plan will cover the treatment.
- **Collections.** We may disclose information about you in order to seek recourse and collect on unpaid balances. In this case, only biographical information, date(s) of service and the amount owed will be disclosed to protect confidentiality.

- **For Health Care Operations.** We may use and disclose clinical/medical information about you for P-CIC operations. These uses and disclosures are necessary to run P-CIC and make sure that all of our families and children receive quality care. For example, we may use clinical/medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine clinical/medical information about many P-CIC clients to decide what additional services P-CIC should offer, which services are not needed, and whether certain programs are effective. We may also disclose information to doctors, nurses, interns, clinicians, and other P-CIC personnel for review and learning purposes. We may provide information to representatives of organizations with responsibility for compliance, licensure, quality of care, and funding purposes.
- **Reminders.** We may use and disclose clinical/medical information to contact you as a reminder that you have/had an appointment to received services at P-CIC.
- **Treatment Alternatives.** We may use and disclose clinical/medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Clinical Services.** We may use and disclose clinical/medical information to tell you about health-related benefits that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may use and disclose clinical/medical information about you to a friend or family member who is involved in your clinical/medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose clinical/medical information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research.** Under certain circumstances, we may use and disclose clinical/medical information about you for research purposes. We will always ask your specific permission if the researcher will have access to your name, address, or other information that may reveal who you are, or be involved with your care at P-CIC.
- **Business Associates.** There are certain individuals and/or companies that P-CIC hires to perform tasks in lieu of permanent staff. P-CIC has a contract with each individual or company that includes language to insure that the privacy/confidentiality of each child/family member that P-CIC treats is maintained. As an example, P-CIC may hire an intern to perform assistance on certain cases during that intern's school semester.

THERE MAY BE OTHER SITUATIONS IN WHICH P-CIC WOULD BE REQUIRED TO AND PERMITTED TO RELEASE INFORMATION WITHOUT YOUR AUTHORIZATION OR CONSENT.

- **As Required By Law.** We will disclose clinical/medical information about you when required to do so by federal, state, or local law (for suspected child abuse, elder abuse, harm to self or an identifiable other).
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose clinical/medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat such as the local law enforcement agency.
- **Military and Veterans.** If you or your child are now, or in the future will be a member of the armed forces, we may release clinical/medical information about you as required by military command authorities. We may also release clinical/medical information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation.** We may use and disclose clinical/medical information about you for worker's compensation or other similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may use and disclose clinical/medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, disability;
 - To report births and deaths;
 - To report abuse, neglect, or a victim of violence;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using.
- **Health Oversight Activities.** We may use and disclose clinical/medical 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 Other Legal Actions.** If you are involved in a lawsuit or a legal action, we may disclose clinical/medical information about you in response to a court or administrative order or your signed authorization indicating it is appropriate for us to do so.

- **Law Enforcement.** We may release clinical/medical 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 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 P-CIC; and
 - In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description, or location of a person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may need to release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine their cause of death.
- **National Security and Intelligence Activities.** We may release clinical/medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose clinical/medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release clinical/medical information about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; 3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING CLINICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **The Right to Inspect and Copy.** You may have the right to inspect and receive copies of clinical/medical information that may be used to make decisions about your care. This includes medical and billing records.

To inspect and receive copies of the clinical/medical information that may be used to make decisions about your care, you must submit your request in writing to your therapist, who can be reached at: **970-472-1207**. If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in very limited circumstances. We may also ask you if a summary of your treatment could be provided to you in lieu of the complete record. If you are denied access to your information, you may request that the denial be reviewed. Another licensed professional chosen by P-CIC will review your request and denial. We will comply with the outcome of the review.

Records must be maintained for a period of time consistent with federal and state legislated retention period.

- **The Right to Amend.** If you feel that clinical/medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by P-CIC.

To request an amendment, your request must be in writing to your therapist. In addition, you must supply a reason that supports your request.

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:

1. is accurate and complete
2. was not created by us; unless the person or entity that created the information is no longer available to act on the request to make an amendment
3. is not part of the clinical/medical information kept by or for P-CIC; and is not part of the information which you would be permitted to inspect and copy.

- **The Right to an Accounting of Disclosures.** You have the right to request an "accounting of certain disclosures." This is a list of the disclosures we made of clinical/medical information about you. We are not required to include disclosures that were made; for treatment, payment, or healthcare operations, to the

individual/legal guardian regarding their own information, pursuant to an authorization, to persons involved in the client's care, etc.

To request this list or accounting of certain disclosures, you must submit your request in writing to your therapist. Your request must state a time period which may not be any longer than 6 years. The first list you request within a 12-month period will be free. For additional lists, you will be charged for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **The Right to Request Restrictions.** You have the right to request a restriction or limitation on the clinical/medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the clinical/medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend.

We are not required to comply with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, make your request in writing to your therapist. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **The Right to Request Confidential Communications.** You have the right to request that we communicate with you about clinical/medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work.

To request confidential communications, you must make a request in writing to your therapist. 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.

- **The Right to a Paper Copy of This Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.
 1. You may obtain a copy of this notice at our website: www.p-cic.com
 2. To obtain a paper copy of this notice, please call your therapist or send your request in writing. At your request, you will be sent a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for clinical/medical information we already have about you as well as any information we receive in the future. We will post a copy of this notice in the office. This notice will include on the first page, in the top center heading, the effective date. In addition, each time you register at or begin treatment at P-CIC we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with The Department of Regulatory Agencies (DORA), at: 303-894-7800. You will never be penalized for filing a complaint.

OTHER USES OF CLINICAL/MEDICAL INFORMATION

Other uses and disclosures of clinical/medical information not covered by this notice or the laws that apply to us will be made only with your written permissions. If you provide us permission to use or disclose clinical/medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose clinical/medical information about you for the reasons covered by your written authorization. You understand that we are required to retain records of the care that we provided to you.

NON-DISCRIMINATION POLICY

The Parent-Child Interaction Center prohibits discrimination against current or prospective participants and/or employees/volunteers on the basis of race, color, gender, religion, national origin, age, disability, sexual orientation, or any other legally protected characteristics. Discrimination means treating someone differently because of a particular characteristic as listed above.