



## Center for Youth and Families NOTICE OF PRIVACY PRACTICES

**Effective Date of Second Revision:** 8/26/13  
**Effective Date of First:** 2/17/10  
**Original Date of Issue:** 4/14/03

*This notice describes how Protected Health Information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.  
If you have any questions about this Notice or about our Privacy Practices, please contact:*

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**Cayee Aris Privacy Officer**  
**CCMO – Center for Youth and Families**  
**New Center One, Suite 370**  
**3031 W. Grand Blvd.**  
**Detroit, MI 48202**  
**Office: 313-875-2092**

### **WHO DOES THIS NOTICE COVER:**

This notice describes the privacy practices of our agency including:

- All departments or programs of CCMO - Center for Youth and Families;
- All members of our workforce including volunteers, trainees, sub-contractors and agents;
- Any professional authorized to enter information into our records.

All of these entities, sites and locations are required to follow the terms of this notice. In addition, these entities, sites and locations may share Protected Health Information with each other for treatment, payment and health care operations purposes described in this notice.

### **WHAT IS HEALTH INFORMATION?**

Any information regarding the past, present, or future mental or physical health of an individual.

### **WHAT IS CONSIDERED PROTECTED HEALTH INFORMATION (PHI)?**

Any individually identifiable health information that is transmitted or maintained.

### **PRIVACY AND CONFIDENTIALITY OF YOUR PROTECTED HEALTH INFORMATION:**

This notice will tell you about the ways in which we may use and disclose your Protected Health Information. It describes your rights and certain obligations we have regarding the use and disclosure of your personal Protected Health Information. Your personal Protected Health Information is called "Protected Health Information" in the remainder of this Notice. We are committed to protecting your Protected Health Information. We will create a record of the care and services you receive at Center for Youth and Families (CYF). These records are necessary to provide you with quality care and to comply with legal requirements. Our Notice of Privacy Practices applies to all records of your care created by CYF, whether made by our personnel or other professionals. Other social or medical services professionals not associated with our agency may have different policies or notices regarding their use and disclosure of your Protected Health Information. You should consult their notice of privacy practices for information about how other professionals not associated with CYF may use and disclose your records.

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## FINAL OMNIBUS RULE (2013)

**The Final Omnibus Rule** that modifies the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security protections by implementing provisions of the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and the Genetic Information Nondiscrimination Act of 2008 (GINA). The Final Omnibus Rule established the following:

- Modification to the definition of business associate to include subcontractors
- New requirements for business associates, including subcontractors
- New requirement regarding the sale of Protected Health Information (PHI)
- Expanded rights of individuals regarding limits to disclosure of PHI
- Changes to the Notice of Privacy Practices
- New rule and criteria to determine whether a breach occurred
- New tiered civil money penalty structure tied to breaches
- New protections regarding genetic information

### **CHANGES TO BUSINESS ASSOCIATES:**

#### **Definition of Business Associates**

*Subcontractors* are now included under the definition of Business Associates. In addition, e-prescribing gateways, health information organizations, and other entities that provide data transmission services and that require access to PHI on a routine basis, and entities that offer a personal health record product, are each considered Business Associates.

#### **New Requirements for Business Associates**

Business Associates are required to directly comply with parts of the security and privacy regulations. To address this, Business Associates are required to implement their own HIPAA compliance initiatives and measures.

### **OMNIBUS RULE CHANGES TO THE NOTICE OF PRIVACY PRACTICES:**

#### **Authorization Required for Disclosure**

Both CYF and our Business Associates must obtain authorization for any disclosure of PHI that is considered a *sale*. A *sale* is defined as any disclosure of PHI in exchange for direct or indirect remuneration.

In addition, CYF is prohibited from disclosing therapy notes without your written authorization and may only do so in accordance with state and federal laws regarding mental health and substance abuse treatment.

CYF is prohibited from disclosing your PHI for marketing purposes, and all CYF employees are required to protect your privacy and confidentiality in accordance with state and federal law and requirements of all relevant regulatory bodies (e.g., licensing bodies, accreditors).

#### **Rights of Individuals regarding Limits to Disclosure**

CYF is required to agree to an individual's request to restrict disclosures of PHI to health plans under the following circumstances: 1) the request is to restrict disclosures to a health plan for payment or health care operations purposes; 2) the disclosure is not otherwise required by law; 3) the PHI relates solely to a health care service or item for which the individual or a third party has paid for in full.

To request limits/restrictions to disclosure, you must make your request in writing to the Privacy Officer at the address provided above.

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; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. You or we may terminate the restriction upon notification of the other.



### **Disclosure of Proof of Immunization**

CYF is not required to obtain written authorization to disclose proof of immunization to a school when legally required to disclose such proof by state or other law. However, CYF is required to obtain agreement, which may be oral, from a parent, guardian or other person in loco parentis for the individual, or from the individual her/himself if the individual is an adult or an emancipated minor. The agreement for the disclosure must be documented in the client's file. The agreement is effective until revoked.

### **Notification of a Breach of Protected Health Information**

Employees of CYF are required by law to inform any individual affected by a breach of unsecured PHI.

### **Determination of a Breach Occurrence**

A breach will be presumed to have occurred except when either CYF or one of our Business Associates, as applicable, has determined there to be low probability for a breach having occurred. In order to determine if there is low probability of a breach, the following minimum criteria must be met:

- A determination of the nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
- The identity and relationship of the unauthorized person who used the PHI or to whom the disclosure of PHI was made;
- Whether the PHI was actually acquired or viewed by any unauthorized person;
- The extent to which the risk to the PHI has been mitigated.

In conducting a risk assessment, CYF and our Business Associates must act in good faith, in order to ensure that risk assessments are accurate and thorough, and that the conclusions reached are reasonable. All risk assessments must be documented by CYF's Privacy Officer and/or the Privacy Officer of CYF's Business Associates.

### **ADDITIONAL FINAL OMNIBUS RULE CHANGES:**

#### **Protections for Genetic Information**

Genetic information is Protected Health Information (PHI), and as such, health plans and health insurance issuers are prohibited from using or disclosing your genetic information for underwriting purposes.

#### **Tiered Civil Money Penalty Structure**

In order to strengthen enforcement of HIPAA, a tiered civil money penalty structure is tied to different levels of culpability and is equally applied to CYF (i.e., Covered Entity) and CYF's Business Associates:

- If CYF or a Business Associate did not know and could not have known of a breach violation, the penalty range is \$100-\$50,000 per incident
  - If CYF or a Business Associate acted with "reasonable cause" (would have known through due diligence but did not act with willful neglect), the penalty range is \$1,000 - \$50,000 per incident
  - If CYF or a Business Associate acted with willful neglect but instituted successful corrective action measures within 30 days of the incident, the penalty range is \$10,000 - \$50,000 per incident
  - If CYF or a Business Associate acted with willful neglect and did not institute successful corrective action measures within 30 days of the incident, the penalty is \$50,000 per incident
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## HITECH ACT OF 2009

### **The Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009**

The HITECH Act of 2009, effective 2/17/2010 established the following:

- New definitions
- New breach notification requirements
- New kinds of covered entities
- New and additional enforcements, audits and penalties for confidentiality breaches

### **DEFINITIONS RELATED TO HITECH:**

#### **Breach**

The unauthorized acquisition, access, use, or disclosure of Protected Health Information which compromises the security or privacy of such information and/or poses a significant risk of financial, reputational, or other harm to a person. Exceptions to breaches include the following: unintentional or inadvertent breaches made by an employee/staff in good faith, in scope of job, and without further acquisition, access, use or disclosure by any person.

#### **Electronic Health Record**

An electronic record of health-related information created; gathered, managed, and consulted by clinicians and staff.

#### **Qualified Electronic Health Record**

Electronic Health Record that includes demographic and clinical health information (i.e., medical history and problem lists), and has the capacity to provide clinical decision support or support physician order entry.

#### **Personal Health Record**

An electronic record of identifiable health information (as defined in section 13407(f)(2) on an individual that can be drawn from multiple sources and that is managed, shared, and controlled by or primarily for the individual.

#### **We are required by law to:**

- Ensure that Protected Health Information that identifies you is kept confidential and private;
- Provide you with a notice of our legal duties and privacy practices with respect to Protected Health Information about you; and
- Follow the terms of the notice that is currently in effect.

#### **How We May Use and Disclose Your Protected Health Information**

The following categories describe different ways that we use and disclose Protected Health Information. For each category of uses or disclosures we will explain what we mean and give some 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. Any individual with whom we share your personal health information is required to keep your personal health information confidential.

#### **Treatment:**

*Treatment* refers to the provision of care or services by, or the coordination of care or services (including risk assessment, case management and other related services) among, adjunct care providers; the referral of a consumer from one provider to another; or the coordination of care or other services among related providers and third parties authorized by the Contractor or health plan or the individual.

We may use Protected Health Information about you to provide you with treatment or services. We may disclose Protected Health Information about you to therapists, case managers, technicians, medical personnel, or other individuals who are involved in providing services to you at CYF. We also may disclose Protected Health Information



CENTRAL CARE MANAGEMENT ORGANIZATION

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about you to people outside of CYF that may be involved in your care after you leave, such as family members, individuals selected by you as part of your support network, county or state workers, the Court, other service providers or others we use to provide services that are part of your care.

**Payment:**

*Payment* means, the activities undertaken by a Contractor of CYF or by a health plan (i.e., Medicaid) to obtain payment or to bill for such payment, to obtain premiums or to determine or fulfill its responsibility for coverage and provision of services, treatment or benefits under the contract, health plan; or a covered health care provider or health plan to obtain or provide reimbursement for the provision of treatment, services or health care.

We may use and disclose Protected Health Information about you so that the treatment and services you receive at CYF may be billed and payment collected from our Contractor, an insurance company or a third party. We may need to give the Contractor or your health plan information about treatment you received so that the Contractor or your health plan will pay us for the treatment or services that you received. We may also tell the Contractor or your health plan about a treatment or service that you are going to receive to obtain prior approval or to determine whether the Contractor or your plan will cover the treatment.

**Quality Assurance:**

We may use and disclose Protected Health Information about you to manage our internal business operations. These uses and disclosures are necessary to run our organization and make sure that all of our consumers receive quality care. For example, we may use Protected Health Information to review our treatment and services and to evaluate the performance of our staff in providing treatment and services to you. We may also combine Protected Health Information about many consumers to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to therapists, case managers, interns, medical personnel, and other personnel for review and learning purposes. We may also combine the Protected Health Information we have with Protected Health Information from other related provider organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of Protected Health Information so others may use it to study treatment and services and delivery of such services without knowing who the specific consumers are.

**Appointment Reminders:**

We may use and disclose Protected Health Information to contact you as a reminder that you have an appointment for treatment, services, Court, or to conduct follow-up contacts to check in with you following discharge from CYF.

**Treatment Alternatives:**

We may use and disclose Protected Health Information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Related Benefits and Services:**

We may use and disclose Protected Health Information to tell you about related services, treatment and benefits that may be of interest to you.

**Client Information System/Database:**

We may include certain limited information about you in our client information system/database. You have the right to restrict or prohibit these disclosures. This information may include your name, location, age, gender, religious affiliation, race, ethnicity, date of birth and other demographic information. The directory information is restricted only to those directly providing treatment or services to you.

**Individuals Involved in Your Care or Payment for Your Care:**

We may release Protected Health Information about you to a Contractor, Court, adjunct worker, family member or support individual who is involved in your care. We may also give information to someone who is temporarily

responsible for you as a guardian. We may also tell your family, support network or family of the condition that you are in. In addition, we may disclose Protected Health Information about you to an entity assisting in a disaster relief effort so that your family and others related or responsible for you can be notified about your condition, status and location.

**Research:**

Under certain circumstances, we may use and disclose Protected Health Information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of Protected Health Information, trying to balance the research needs with consumers' need for privacy of their Protected Health Information. *For additional information regarding research, please see the Review of Research Proposals policy.* Before we use or disclose Protected Health Information for research, the project will have been approved through this research approval process, but we may, however, disclose Protected Health Information about you to people preparing to conduct a research project, for example, to help them look for consumers with specific needs, so long as the Protected Health Information they review does not leave our agency. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

**As Required by Law:**

We will disclose Protected Health Information about you when required by federal, state or local law.

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

Consistent with applicable law and standards of ethical conduct, we may use and disclose Protected Health Information about you when necessary to prevent or lessen a serious and imminent 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 help prevent the threat.

**SPECIAL SITUATIONS**

**Cadaveric Organ, Eye and Tissue Donation:**

If you are an organ donor, we may release Protected Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:**

If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

**Governmental Benefits, Program Admission or Workers' Compensation:**

We may release Protected Health Information about you to apply for entitlements benefits, additional services, or similar programs. These programs provide benefits or ongoing services for which you may be entitled or need.

**Disclosures to the Public or Public Authorities:**

We may disclose Protected Health Information about you for public activities. These activities generally include the following:

- To report child, abuse or neglect;
- To obtain emergency psychiatric services for you if you are in danger of harming yourself or someone else;
- To fulfill our Duty to Report obligation when another individual may be at risk of harm from you;
- To comply with regulations regarding victim notification;
- To report births and deaths;
- To comply with the Sex Offender Registration and Notification reporting requirement;



- To prevent or control disease, injury or disability;
- To notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- 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.

#### **Oversight Activities:**

We may disclose Protected Health Information to a regulatory body or Contracting agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government and/or other organizations charged with regulatory responsibilities to monitor the various systems, government programs, and compliance with civil rights laws.

#### **Lawsuits and Disputes:**

If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We may also disclose Protected Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### **Law Enforcement:**

We may release Protected Health Information if asked to do so by law enforcement officials:

In response to a court order, subpoena, court ordered warrant, summons issued by a judicial officer 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; In good faith, evidence of criminal conduct at our location; and 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.

#### **Coroners, Medical Examiners, and Funeral Directors:**

We may release Protected Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release Protected Health Information about consumers to funeral directors as necessary to carry out their duties.

#### **National Security and Intelligence Activities:**

We may release Protected Health Information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

#### **Protective Services for the President and Others:**

We may disclose Protected Health Information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or to foreign heads of state or to conduct special investigations.

#### **Medical Treatment or Hospitalization:**

If you are in need of emergency or planned medical attention, we may release Protected Health Information about you to the medical personnel responsible for your care. 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; or (3) for the safety and security of the other patients.

#### **BREACH NOTIFICATION AS AUTHORIZED BY HITECH**

As mandated by HITECH, Business Associates (individuals and organizations that CYF does business with) are treated the same as Covered Entities (i.e., CYF). The security and privacy rules, penalties and Health Information Exchanges each apply to Business Associates as well as Covered Entities.



Effective 2/22/10, CYF is required to notify you if and when your unsecured protected health information has been, or is reasonably believed by either CYF or one of our Business Associates to have been accessed, acquired, or disclosed as a result of such breach on or after 9/23/09.

A breach is treated as discovered by either CYF/Business Associate as of the 1st day on which such breach is known to the entity or associate (including any person, other than the individual committing the breach, that is an employee, officer or other agent of such entity or associate, respectively) or should reasonably have been known to such entity or associate (or person) to have occurred.

#### **Breach Notification Timeframe and Content**

You must be notified without delay, no later than 60 days following the breach. Our notification of the Breach will include a description of what happened, the date and discovery of the breach, the type of information breached, the steps that we/BA have taken to protect your information since the Breach, and the specific activities that we/BA are involved in related to the Breach (e.g., investigation).

#### **Breach Notification Methods of Contact**

In order to ensure that you receive notification of a Breach in a timely manner, one of the following methods will be used to contact you:

- Mail,
- Email,
- Or telephone (multiple methods may be used) (next of kin will be notified if individual is deceased at time of breach).

If we are unable to contact you within 10 days, we will post notification of the breach via our website or other major media.

If more than 500 individuals were affected by the Breach, we will notify the media within 60 days of the breach in order to ensure notification to impacted individuals.

In addition to individual notification, CYF/BA must also notify the Secretary of Health and Human Services if more than 500 individuals were affected by the Breach within 60 days of the breach. Burden of Proof Related to Breach Determination and Notification. The burden of proof is on CYF/BA that a notice of breach was provided to individuals. The burden of proof is on CYF/BA to determine when a breach has not occurred (see pg. 2 for determination of a breach).

#### **Annual Reporting of Breaches**

CYF must provide an annual report of all breaches affecting less than 500 individuals to the Secretary of Health and Human Services within 60 days following the end of the calendar year in which the breach was discovered.

#### **INDIVIDUAL RIGHTS GRANTED BY HIPAA**

***You have the following rights regarding Protected Health Information we maintain about you:***

##### **Right to Inspect and Copy:**

You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care. Usually, this includes service and treatment planning and records, but does not include documentation authored by someone outside of CYF, psychotherapy notes, information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding, or Protected Health Information that is subject to or exempt from the Clinical Laboratories Act of 1988.

To inspect and copy Protected Health Information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at the address provided in this document.



If you request a copy of the information, we may charge a fee for the costs of copying (including labor), mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. A recommendation to deny the request is made only under those circumstances when there is a belief that disclosure of the information could be potentially detrimental to you. Only the President and CEO have the authorization to deny such requests for disclosure. For further information regarding requests for review of records, please see CYF's *Client Review of Own Records Policy*.

#### **Right to Amend:**

If you feel that Protected Health 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 maintained in the designated record set. Please note that amendments to records are different from inserting your own statement into the record. You have the right to insert your own statement into the record at any time. In order to insert your own statement into the record, you can communicate your desire directly to your CYF worker or supervisor who will then assist you in the process.

To request an amendment to your record, your request must be made in writing and submitted to the Privacy Officer at the address provided in this document. In addition, you must provide the 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the Protected Health Information kept by us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

#### **Right to an Accounting of Disclosures:**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of Protected Health Information about you that **were not made for the purposes of treatment, payment or quality assurance practices**. There are certain exceptions to this right.

#### **HITECH CHANGES REGARDING ACCOUNTING OF DISCLOSURES**

In the case of your Electronic Health Records that CYF/BA has, you have a right to an accounting of disclosures upon your request.

The exceptions to the Privacy Rule related to Treatment, Payment, and Healthcare operations do not apply in the case of Electronic Health Records. The following specific requirements apply to accounting disclosures related to Electronic Health Records:

- Accounting for Electronic Health Records goes back 3 years
- Accounting of disclosures of Electronic Health Records is effective 1/1/2014 since CYF began using Electronic records before 1/1/09

#### **HITECH RESTRICTIONS ON DISCLOSURES**

- Effective 2/17/10, if an individual pays out of pocket for services, s/he can request that no information be disclosed to his/her insurance company related to services paid out of pocket
- When disclosing personal health information that is authorized, only limited data or minimum information necessary may be disclosed



- The burden of proof is on the individual disclosing the information that only the minimum necessary was disclosed
- Personal health information cannot be sold without authorization specifically allowing compensation to the individual.

To request this list or accounting of disclosures, you must submit your request in writing to:

*Cayee Aris, Privacy Officer  
Center for Youth and Families  
New Center One, Suite 370  
3031 W. Grand Blvd.  
Detroit, MI 48202  
Office: 313-875-2092*

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you would like the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you 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 accounting must be provided to you no later than 30 days after the receipt of your request.

**Right to Request Confidential Communications:**

You have the right to request that we communicate with you about service and treatment matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided in this document.

We will not ask you the reason for your request. We will accommodate all reasonable requests. If our contractual obligations or the Court requires that we communicate with you at various locations and through various means, your request may not be accommodated. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this notice in the following manner:

- 1) Request a copy from your CYF worker
- 2) If unsuccessful at step 1, request a copy from your CYF worker's supervisor
- 3) If unsuccessful at step 2, request a copy from the Privacy Officer whose name is posted in the lobby of each CYF site

**CHANGES TO THIS NOTICE**

We must change this Notice as necessary and appropriate to comply with changes in the law. We reserve the right to change this notice. We reserve the right to make the revised or changed Notice effective for Protected Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all CYF sites. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for services or treatment; 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 CYF or with the Secretary of the Department of Health and Human Services. To file a complaint with CYF, contact:

*Cayee Aris, Privacy Officer*  
*CCMO – Center for Youth and Families*  
*New Center One, Suite 370*  
*3031 W. Grand Blvd.*  
*Detroit, MI 48202*  
*Office: 313-875-2092*

All complaints must be submitted in writing. **You have the right to file a complaint at any time. You cannot and will not be penalized for filing a complaint.**

## OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose Protected Health 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 Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care and services that we provided to you.

## ENFORCEMENT OF WRONGFUL DISCLOSURES RELATED TO HITECH AND HIPAA

- In addition to CYF, enforcement of wrongful disclosures applies to Business Associates (BA) and individuals.
- Audits of CE's and BA's will begin 2/17/10
- Willful neglect violations must be investigated and carry mandatory penalties
- The maximum penalty amount of \$1.5 million for all violations of an identical provision
- A prohibition on the imposition of penalties for any violation that is corrected within a 30-day period, given the violation was not due to willful neglect
- Enforcement of HIPAA will be done by the state Attorney General.