Right to an Accounting
1. You have the right to have a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that have already been made, such as those made directly to you or to your family. The list also won’t include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.
2. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, you must charge for each additional request.

Right to Request Restrictions
You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or agency operations. You also have the right to request a limit on the client information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Except in limited circumstances, we are not required to agree to your request. We are only required to agree to a restriction if the PHI pertains to items or services for which the agency has been paid in full by the client or by a third-party other than the agency, and the disclosure is not required by law. We are not required to agree to other requests. If we do agree, we will comply with your request unless the information is needed to provide emergency care.

To request restrictions, you must make your request in writing to Custodian of Records. In your request, you must specify how or where you wish to receive emergency information.

We will respond within 60 days of receiving your request. You may request this accounting for any disclosures made as of April 14, 2003.

We will respond within 60 days of receiving your request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If we don’t have your PHI, but we know who does, we will so inform you.

In certain situations, we may deny your request to inspect and copy your PHI. If you are denied access to client information, you may request that the denial be reviewed. A professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request.

We will comply with the outcome of the review.

Right to Inspect and Copy
In most cases, you have the right to inspect and copy PHI that we have, but you must make the request in writing.

We are required to inspect and copy PHI that you have, but you must make the request in writing to the Custodian of Records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If we don’t have your PHI, but we know who does, we will so inform you.

In certain situations, we may deny your request to inspect and copy your PHI. If you are denied access to client information, you may request that the denial be reviewed. A professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request.

We will comply with the outcome of the review.

Right to Amend
If you feel that PHI we have about you is incorrect or incomplete, you may ask us to correct or add to the missing information. You have the right to request an amendment for as long as the information is kept by or received from the agency.

To request an amendment, your request must be made in writing and submitted to Custodian of Records. In addition, you must provide a reason that supports your request.

We will respond within 60 days of receiving your request. We may deny your request for an amendment if you ask us to amend information that:

• Is not part of the information which you would be permitted to inspect and copy;
• Was not created by us, unless the information is about you and not the product or service; and
• Is not part of the information which you would be permitted to inspect and copy.

We are required to inspect and copy PHI that you have, but you must make the request in writing to the Custodian of Records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If we don’t have your PHI, but we know who does, we will so inform you.

In certain situations, we may deny your request to inspect and copy your PHI. If you are denied access to client information, you may request that the denial be reviewed. A professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request.

We will comply with the outcome of the review.

Right to Request Restrictions
You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or agency operations. You also have the right to request a limit on the client information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Except in limited circumstances, we are not required to agree to your request. We are only required to agree to a restriction if the PHI pertains to items or services for which the agency has been paid in full by the client or by a third-party other than the agency, and the disclosure is not required by law. We are not required to agree to other requests. If we do agree, we will comply with your request unless the information is needed to provide emergency care.

To request restrictions, you must make your request in writing to Custodian of Records. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications
You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work rather than at home or by e-mail instead of regular mail.

To request confidential communications, you must make your request in writing to the Custodian of Records. 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 and the date (beginning to the end) that you would like your request to be in effect.

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 at our website, www.depelchin.org.
WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).
DePelchin Children’s Center and its affiliated company (DePelchin Children’s Center includes in affiliate: DePelchin Psychiatric Services collectively referred to as “DePelchin” or “DePelchin Children’s Center”) is committed to providing services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information about you that we may receive. We have prepared this notice to advise you of what information we collect, how we use it and how we protect it.
We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI” for short, and it includes information that can be used to identify you that we’ve created or received about your past, present or future health or condition, the provision of health care you receive, or the payment of the health care we provide.
We provide you with this notice about our privacy practices that explains when, how, and why we use and disclose your PHI. We are required to follow the terms of the notice that is currently in effect; however, we may change the terms of our notice and make the new terms effective for all information we maintain.

OUR PLEDGE REGARDING PHI:
We are committed to protecting PHI about you. We create a record of your care whenever you receive services from us. We may use this record to provide you with quality care and to comply with certain legal and other requirements. This notice applies to all of the records of your care generated by the staff.
This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.
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 PHI and this notice;
- notify you in the event a breach of your unsecured PHI occurs;
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE CLINICAL INFORMATION ABOUT YOU.
We may use clinical information about you to provide treatment and services that are part of your continued or after care. We protect information about you from unauthorized access. Our responsibilities include legal requirements licensing and accreditation. This notice applies to all of the records of your care generated by the staff.
- We may use and disclose PHI to contact you as a reminder that you have an appointment.
- We may use and disclose your PHI to carry out operations necessary for governmental and necessary for governmental and administrative functions.

Examples of activities requiring access to personal information include:
- the information we receive comes directly from you or obtained from another source;
- your family, a close friend, a person you authorize, or the person or persons who are involved in your care;
- may release information about you to people outside DePelchin Children’s Center’s reception areas. You can also request a copy of this notice from the contact person listed, at any time, and can view a copy of the notice on our web site at www.depelchin.org.

What Information We Collect
As an essential part of our business, we obtain certain personal information about you in order to provide a service to you. Some of the information we receive comes directly from you or on applications or other forms, and may include information you provide during our contact with you or while speaking with our staff. We may also receive information from physicians, schools and other health providers or agencies. The types of information we receive may include your addresses, social security number, birth date, family information, current and past clinical history and financial information.

Our Privacy Protection Policies
We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals who need such information in order to provide services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintained procedures to comply with all state and federal laws and regulations regarding the security of personal information.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information that is necessary for governmental and necessary for governmental and administrative functions.

To publicize for public health activities. These activities generally include the following:
- prevent or control disease, injury or disability;
- report child abuse or neglect;
- report reactions to medications;
- notify a person who may have been exposed to a disease or may be at risk for contract the disease;

We may disclose client information about you for public health activities. These activities generally include the following:
- to publicize for public health activities. These activities generally include the following:
- prevent or control disease, injury or disability;
- report child abuse or neglect;
- report reactions to medications;
- notify a person who may have been exposed to a disease or may be at risk for contract the disease;

We may disclose client information about you for public health activities. These activities generally include the following:
- prevent or control disease, injury or disability;
- report child abuse or neglect;
- report reactions to medications;
- notify a person who may have been exposed to a disease or may be at risk for contract the disease;

We may disclose client information about you for public health activities. These activities generally include the following:
- prevent or control disease, injury or disability;
- report child abuse or neglect;
- report reactions to medications;
- notify a person who may have been exposed to a disease or may be at risk for contract the disease;