

INTERNATIONAL CHRISTIAN ADOPTIONS / INSTITUTE FOR CHILDREN'S AID

HIPAA PRIVACY NOTICE

Client Name	<input type="text"/>	Date	<input type="text"/>
Counselor Name	<input type="text"/>	Counselor License or Registration #	<input type="text"/>

HIPAA NOTICE

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

International Christian Adoptions ("ICA") has always highly valued and respected the privacy of the consumers that receive our services. ICA complies with the Health Insurance Portability And Accountability Act of 1996 ("HIPAA") and its rules, as well as the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") and the HITECH Act Final Rule of 2013 which amended HIPAA.

Due to changes in Federal Regulations and our desire to continue our commitment to your privacy, we are providing you with this Notice of Privacy Practices ("Notice") regarding your privacy of health information. ICA is required by law to maintain the privacy of your protected health information ("PHI") and to provide you with a notice of its legal duties and privacy practices. State and federal laws require ICA to: maintain the privacy of your health information; provide you with this Notice about our legal duties and privacy practices and your legal rights pertaining to health information we collect and maintain about you; to notify you following a breach of unsecured protected health information; follow the privacy practices described in this Notice while it is in effect; notify you if we are unable to agree to a requested restriction pertaining to your health information; and accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

WHO WILL FOLLOW THIS NOTICE

This notice describes ICA practices and that of:

- All ICA board, employees, staff, interns, and other professionals
- All departments and programs of ICA
- Any member of volunteer services who works with you while you are a client of ICA
- Business Associates and Consultants

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that PHI about you is personal. We are committed to protecting information about you. We create a record of the services that you receive at ICA. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

ICA will, to the best of its ability, work to mitigate the negative effects of any disclosure it makes. ICA will abide by the terms of the Notice currently in effect. ICA reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI we maintain. If we change this Notice, the revised Notice will be posted in our facilities, offices, and on our website (www.4achild.org), or a copy of the revised Notice will be sent to you.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose information. For each category of use or disclosure we will explain what we mean and try to give some examples. We use and disclose health information

about you for treatment, to obtain payment, for healthcare operations, and for other purposes. For example:

For Treatment:

We may use PHI about you to provide you with mental health treatment or services. Additionally, we may use information about you to develop an effective treatment plan, for purposes of assessment and to enhance all services rendered. We may disclose this information to the persons involved in providing service at ICA, which may include consultants, respite workers, clinicians, childcare workers, interns, supervisors, administrators, foster parents, volunteers, nurses or other ICA personnel who are involved in providing services to you during your involvement with ICA.

We may ask you for authorization to disclose information about you to people outside of ICA who are involved in your treatment, such as, clergy, medical professionals, family members, educators or others. However, information would be disclosed only with your authorization and only for the purposes that you authorize. For example, a clinician treating a client for depression may need to know if the client is in need of or currently taking medication. Therefore, the clinician will need to share information with the client's doctor (psychiatrist) in order to coordinate treatment.

Other Financial Areas:

ICA receives regular financial audits, COA audits and intercountry audits. Your PHI may be shared with auditors and inspectors.

For Payment:

We may use and disclose PHI about you so that the treatment and services that you receive at ICA may be billed and collected from you, an insurance company, or a third party. For example, we may need to disclose your PHI about treatment that you received at ICA to your health plan so they can pay us or reimburse you for the treatment.

For Quality Assurance and Utilization Review:

We may use and disclose PHI about you for our health care operations. These uses and disclosures are necessary to run ICA and ensure that all our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in treating you. We may also combine PHI about many ICA clients to determine what additional services ICA should offer, what services are not needed, and whether certain new services are effective. Information used in this way is de-identified in order to protect your privacy. We may also disclose information to clinicians, interns, and other ICA personnel for review and learning purposes.

For Adopting a Child:

ICA assists your family in the adoption process. When adopting internationally, your PHI is shared with multiple sources including the countries Central Authority, Foreign Authority adoption agency, attorney, or delegate, orphanage, courts, other adoption agencies that may handle a portion of your adoption and other sources. In domestic adoptions your PHI is often shared with social services supervisors and workers, interstate compact, sometimes birthparents, attorneys, mental health counselors, courts and other sources.

For Foster Care:

Your PHI may be shared with numerous county social services staff including child and birth parent social workers and supervisors. Your PHI may also be shared with licensing authorities and auditors.

Treatment Options:

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

Fundraising Activities:

We may use your demographic information to contact you to raise funds for the organization. You have a right to opt out of receiving fundraising communications. If you choose not to receive these fundraising communications, we must provide you with a clear and conspicuous opportunity to elect not to receive any further fundraising communications and we may not condition treatment or payment on your choice with respect to the receipt of fundraising communications. We may not make fundraising communications to you if you have elected to opt out of receiving these communications, but we may provide you with a method to opt back in to receive these communications. We would release information about you and services you received at ICA only with your permission. We may use and disclose your PHI to the media only with your authorization.

Research:

Under certain circumstances (e.g., only with your express authorization or in a format that preserves your anonymity), we may use and disclose PHI about you for research purposes. Some research projects are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose PHI for research, we may have the research project approved through an Institutional Review Board.

As Required by Law:

We will disclose PHI about you 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 PHI about you when necessary to prevent a serious threat to you or another person. Any disclosure would only be to someone able to help prevent the threat.

Workers' Compensation:

In situations when worker's compensation pays for services or treatment, we may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks:

We may disclose PHI about you for public health activities. These activities generally include the following:

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

Health Oversight Activities:

We may disclose PHI to a health oversight organization for activities required to maintain ICA licensure and certification. These activities include, but are not limited to audits, site visits, and inspections. These activities are necessary to monitor ICA performance and compliance with civil rights laws and child welfare requirements.

Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a valid subpoena, or a court or administrative order. We may also disclose PHI about you in response to an order by a court, but only if good faith efforts have been made to notify you of the request and you do not object.

Law Enforcement:

We may release PHI if required to do so by law:

- In response to a court order
- In response to laws that may require that we disclose information, for example, in a case where child abuse is indicated
- In response to a governmental agency request, for example, if you make a complaint against us.

Medical Examiners and Funeral Directors:

We may release PHI to a medical examiner or funeral director. This may be necessary to allow a medical examiner or funeral director to identify a deceased person or determine the cause of death, as necessary, to expedite necessary arrangements.

National Security and Intelligence Activities:

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities that are required by law.

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

During times of treatment, we disclose your PHI only to you, a family member, personal representative, or another person responsible for your care. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

To Provide You Notice of Breaches of Unsecured PHI:

We may contact you to provide you with any notice of any breach of your unsecured PHI.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to ICA will be made only with your written permission. For example, a specific authorization will be required for use or disclosure of your PHI 1) if it involves certain psychotherapy notes, 2) for marketing (except if the communication is face-to-face or is for a promotional gift of nominal value) or for any marketing that involves financial remuneration; or 3) for any sale of your PHI. In these situations,

you may withdraw your authorization at any time and must do so in writing to ICA. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

If you provide ICA with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, ICA will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that ICA is unable to take back any disclosures that have already been made with your permission, and that ICA is required to retain records of the treatment that has been provided to you.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy:

You have the right to inspect and copy PHI that may be used to make decisions about your treatment. This includes billing and case records but does not include clinicians' personal notes. To inspect and copy PHI, you must submit your request in writing to your primary clinician. If you request a copy of the information, we may charge a fee for costs incurred for copying, mailing, or other work associated with your request. You also have a right to receive an electronic copy of your records, if available.

We may deny your request to inspect and copy PHI in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another professional chosen by ICA will review your request and the denial. The person conducting the review will not be the person who denied your request and 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 for the information to be amended. You have the right to request an amendment for as long as the information is kept by or for ICA. To request an amendment, your request must be made in writing and submitted to your primary clinician or the program supervisor. In addition, you must provide a reason that supports your request.

ICA 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, ICA may deny your request if you ask for information to be amended that:

- Was not created by ICA
- Is not part of the case record information kept by ICA
- Is not part of the information that you would be permitted to inspect or copy
- Is already 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 ICA made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to your primary clinician or the program supervisor. The time period of your request may not be longer than six years. Your request should indicate in what form you want the list (electronically or paper copy). The first list requested within a 12-month period will be free. For additional lists, ICA may charge you for the costs of providing the list. ICA 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.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the PHI ICA uses or discloses about you for treatment, payment, or healthcare operations. ICA is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency services.

If you request, we must agree to restrict disclosures to health plans if you pay out of pocket in full for any service we provide.

To request restrictions, you must make your request in writing to your primary clinician or the program supervisor. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit ICA's use, disclosure or both; (3) to whom you want the limits to apply.

Right to Request Confidential Communications:

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

To request confidential communications, you must make your request in writing to your primary clinician. ICA will not ask you the reason for your request. ICA will accommodate all reasonable requests. 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 ICA 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 of this notice. To obtain a paper copy of this notice, you may contact the Privacy Officer listed below, your primary clinician, or the program supervisor. You may also obtain a copy of this notice at our website, www.4achild.org.

CHANGES TO THIS NOTICE

ICA reserves the right to change this Notice. ICA reserves the right to make the revised or changed Notice effective for PHI that ICA already has about you, as well as any information ICA receives in the future. ICA will post a copy of the current notice in all ICA sites with the effective date noted in the top right-hand corner. In addition, at your first intake appointment, ICA 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 ICA or with the Secretary of the U.S. Department of Health and Human Services ("DHHS"). All complaints must be submitted in writing. To file a complaint with ICA, contact the Executive Director at:

Charlotte Paulsen 41745 Rider Way #2
Temecula, CA 92590

You also may file a complaint with DHHS, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. We support your right to protect the privacy of your medical information. You will not face any retaliation if you file a complaint.

If you request additional information regarding our Notice please contact our Executive Director at 951-695-3336.
-- Implemented 2016

HIPAA ACKNOWLEDGEMENT

I have read this Notice and understand ways in which ICA discloses PHI about myself. I am also comfortable with the release of our PHI as explained.

Parent/Adoptive/Foster Parent/Guardian Signature

Date

Printed Name

Parent/Adoptive/Foster Parent/Guardian Signature

Date

Printed Name

Client Signature (If applicable - client is 12 yrs. or older)

Date

Client Printed Name