

Kids Inc.

Helping children develop

PRIVACY NOTICE

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

Our Counseling and Therapy Services are Designed With The Family In Mind...Working closely with parents and children, our professional staff helps families find new and productive ways of listening, learning and growing together. A primary goal is to identify short-term solutions and long-term strategies for dealing with family problems. KIDS INC. offers positive responses to the problems and pressures of daily life, enabling parents, children, and extended family members to build healthy relationships and strong families.

KIDS INC. is also committed to serving as a knowledgeable partner with professionals by presenting individual and group consultation sessions focusing on the latest research, techniques and strategies in the fast-changing field of child development. The in-depth knowledge gained in these sessions aids educators, childcare and healthcare workers in recognizing potential family problems and in relation to parents who may be unfamiliar with the therapeutic process.

Hours of Service: 8 am – 8 pm, 7 days a week

Understanding Your Health Record Information

Every time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record may include your symptoms, examination and test results, diagnosis, treatment, and plans for future care or treatment. Your medical provider uses this information, often referred to as your health record, to plan your care and treatment. The many health care professionals who assist in your care communicate through your health record. Your health information is also used by insurance companies to verify that services we billed for were actually provided. Although your health record belongs to the healthcare provider or facility that compiled it, you do have certain rights with regard to your health information.

Your Rights:

- You have a right to expect that your health information will be kept secure and used only for legitimate purposes.
- You have a right to understand how your health information may be used and disclosed by KIDS, INC.
- You have a right to receive this privacy notice that tells you how your health information may be used or disclosed.
- You have a right to ask questions about any health privacy issue and have those questions clearly and promptly answered.
- You have a (limited) right to know who has seen your health information, and for what purpose. If you make additional requests for such an accounting during any 12-month period, we may charge you a reasonable, cost-based fee.
- You have a right to see, and to keep a copy of, all of your health records (except psychotherapy notes). Your request for a copy of your record must be in writing. We may charge you a reasonable, cost-based, copying fee.

- You have a right to ask for correction - or inclusion of a statement of disagreement for anything in your records that you feel is in error. Your request must be in writing and include supporting documentation.
- You have a right to authorize or refuse additional uses of your health information, such as for fundraising, marketing, or research.
- You have a right to request extra protections for health information you consider especially sensitive, and to request that we communicate with you by alternative means.
- Any concerns or complaints over care, please direct to your primary mental health professional. If there are still problems, please direct them to Allan M. Gonsler, President of Kids, Inc (402) 330-4014 ext 307.

Our Responsibilities

We also have certain responsibilities. These include:

- Maintaining the privacy of your health information;
- Providing you with a copy of this Notice;
- Abiding by the terms of this Notice;
- Notifying you if we are unable to agree to a requested amendment or restriction; and
- Accommodating reasonable requests you may have to communicate health information by alternative means or at alternative locations.

If our information practices change, we may change this Notice. If we do so, the change will be effective for information gathered both before and after the effective date of such change. However, before we change our practices, we will post a copy of our new Notice in our office. The effective date of our Notice will always appear at the end of the Notice. We will not use or disclose your health information without your authorization, except as described in this Notice.

Disclosures for Treatment, Payment and Healthcare Operations

We may use or disclose your information for treatment, payment, and healthcare operations without your permission. However, if state law requires us to obtain your written permission to use or disclose your health information for treatment, payment, or healthcare operations, we will do so.

We will use or disclose your health information for treatment.

For example: Information obtained by a therapist or psychiatrist will be recorded in your record and used to determine the course of your treatment. Healthcare and Mental Healthcare team members will communicate with one another personally and through the health record to coordinate your care. We may provide your physician or other healthcare provider with copies of reports that may help determine your future treatment. We may also disclose your information to another healthcare provider for its payment purposes or its healthcare operations.

We will use or disclose your health information for payment.

For example: We may send your bill to you or your insurance company. Your bill may contain information that identifies you, as well as your diagnosis.

OTHER DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION:

- Communication with family:
All communication with family or close friends ***must*** be authorized, unless it is regarding a minor child.
- Specialized governmental functions:
We may disclose your mental health information for military, veteran's activities, national security and intelligence activities and similar government functions as required or permitted by law.
- Correctional institutions:
If you are an inmate of an institution, we may disclose to the institution's agents health information necessary for your health and the health and safety of other individuals.
- Law enforcement judicial and administrative proceedings:
We may disclose your health information for the above purposes as required or permitted by law or in response to a valid subpoena, court order or other binding authority.