HOPE RISING
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Notice of Privacy Practices

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.

Wonderland Child and Family Services respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for the purposes of treatment and health care operations.

Your Health Information Rights:

The health and billing records we create and store are the property of Wonderland Child and Family Services. The protected information in it, however, generally belongs to you. You have the right to:

- Receive, read, and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted.
- Request and receive from us a paper copy of the most recent Notice of Privacy Practices for Protected Health Information ("Notice").
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information – except in certain circumstances.
- Ask us to change your health information. You may request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities We are required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice.
- We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

We May Use and Disclose Your Protected Health Information without Your Authorization as Follows **For Treatment:**

- Information obtained by a member of our healthcare team will be recorded in your medical record and used to help decide what care might be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For Health Care Operations:

- We use your medical record to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our healthcare providers and train our staff.
- We may contact you to remind you about appointments and, during and/or after Wonderland services, to give you information about treatment alternatives or other health-related benefits and services.
- We may contact you for marketing and development purposes during and/or after services at Wonderland
- We may use and disclose your information to conduct or arrange for services, including:
  - Medical quality review by your health plan.
  - Accounting, legal, risk management, and insurance services.
  - Audit functions, including fraud and abuse detection, and compliance programs.

For Payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnosis, procedures performed, or recommended care.

Other Uses and Disclosures:

- With medical researchers – if the research has been approved and includes policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- To funeral directors/coroners consistent with applicable law to allow them to carry out their duties.
- To organ procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating problems with food, supplements, and products.
- To comply with workers' compensation laws – if you make a workers' compensation claim.
- For public health and safety purposes as allowed or required by law.
- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
- To public health or legal authorities.
- To protect public health and safety.
- To prevent or control disease, injury, or disability.
- To report vital statistics such as births or deaths.
- To report suspected abuse or neglect to public authorities.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities. For example, we may share health information with the Department of Health.
- For disaster relief purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For work related conditions that could affect employee health. For example, an employer may ask us to assess health risks on a job site.
- To the military authorities of U.S. and foreign military personnel. For example, the law may require us to provide information necessary to a military mission.

- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- For specialized government functions. For example, we may share information for national security purposes.

Other Disclosures and Uses of Protected Health Information:

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care.
- We may also give information to someone who helps pay for your care.
- We may tell your family or friends your condition and that you are in the hospital. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

Uses and Disclosures That Must Have Your Authorization:

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

To Ask for Help or File a Complaint:

- If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact the Executive Director at Wonderland at 206-364-3777.
- If you believe your privacy rights have been violated, you may discuss your concerns with any staff member and/or you may deliver a written complaint to the Executive Director at mkirchoff@wonderlandkids.org.
- You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.