



## Notice of Privacy Practices and Consent Form

Est. 4-14-03, Rev. 8-07

This form is based on federal law as established by the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191. The content of the form is subject to change based on changes in federal/state law or changes in Redwood's 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.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT REDWOOD'S CLINICAL DIRECTOR AND PRIVACY OFFICER, PAMELA MILLAY (859-331-0880).**

This Notice of Privacy Practices describes how Redwood may use and disclose your *Protected Health Information* to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your *Protected Health Information*.

*Protected Health Information* (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Redwood is required to abide by the terms of this *Notice of Privacy Practices*, but may change the terms at any time. The new Notice will be effective for all PHI maintained by Redwood at that time. Redwood will provide a paper copy of the Notice to you. On request, Redwood will provide another copy of the Notice to you through email or by accessing our web site ([redwoodrehab.org](http://redwoodrehab.org)); by mail; or, in person when you are in the building.

### Allowable Uses and Disclosures of Protected Health Information

Redwood may use and disclose your protected health information (PHI), with certain limits and protections, for all activities relating to treatment, payment, and health care operations. The guiding principle is that the minimum necessary PHI will be used or disclosed to meet the intended purpose.

- Treatment - Redwood is permitted to use and disclose your PHI, without your express permission, for treatment, managing your health care, and related services including, but not limited to, evaluation, intervention, coordinating, consulting, referring, maintaining a waiting list, and similar activities, under the following circumstances:
  - Wherever Redwood provides services to you.
  - To other health care, educational, childcare, or vocational providers who are or will provide services to you.
  - To equipment vendors, residential facilities, transportation providers, and other organizations who have a relationship with you, or who will be providing services to you.
  - To designated personal representatives or family members involved in or responsible for your care. If you do not want Redwood to make these disclosures, you must notify the Privacy Officer in writing.
  - For emergency treatment or transport to a medical center or other facility to assure your safety and well being.
  - To determine and recommend alternative treatments, therapies, health care providers or settings, or products or services to best meet your treatment needs.
  - For other forms of treatment, health care management, or related services provided to you by Redwood.
- Payment – Redwood is permitted to use and disclose your PHI, without your express permission, for payment including determining eligibility or coverage, collecting data, and billing activities for the purpose of obtaining payment for

services delivered. Your PHI may be used/disclosed for payment purposes to the following types of individuals or organizations:

- A health insurer, Medicaid, or other funding source which is providing payment for your treatment, health care management, or related services at Redwood.
  - Emergency responders to allow them to obtain payment or reimbursement for services provided to you.
  - Redwood's clerical and billing personnel, who are responsible for billing activities relating to your treatment, health care management, or related services at Redwood.
  - Business associates who perform billing or collection activities for Redwood. A written contract between Redwood and business associates will contain terms to protect the privacy of your PHI.
- Health Care Operations - Redwood is permitted to use and disclose your PHI, without your express permission, for Redwood's health care operations, including: conducting administrative, financial, legal, and quality improvement activities necessary to support the core functions of treatment and payment. These activities may include, but are not limited to: evaluations, training, accreditation/licensure, auditing services, business planning and development, and general administrative activities. Other reasons to use and disclose PHI for health care operations may include:
- To provide you with information about treatment alternatives, health care providers or settings, products, or other health-related services that may be of interest or benefit to you. You may submit a request in writing, to the privacy officer, if you do not want these materials sent to you.
  - To the Medical Advisory, Assistive Technology, Program Council/Committees, or the Board of Trustees and Overseers, for case review to assess the quality of treatment, health care, and related services.
  - To a volunteer or business associate assisting with adaptation of curriculum, materials, software, equipment, and classroom/training/work environments to best meet your treatment and payment needs at Redwood.
  - To post specific care instructions for you on the wall in your program area so all providers can provide appropriate care for you according to your treatment plan.
  - To effectively conduct programs (e.g. names on cubbies, personal items, etc.) and to celebrate client achievements or activities (names on art work or pictures of children/adults posted in or around the program area, etc.)
  - For the health care operations of another health care provider who has a relationship with you and needs the information to assess the quality of their care to you.
  - To students, who are completing a professional training experience at Redwood, for the purposes of treatment, health care management, or related services.
  - To business associates who assist with Redwood's health care operations. Redwood will maintain a written contract with business associates that contains terms to protect the privacy of your PHI.
  - To send you notice of meetings, events, agency newsletters, annual reports, requests for volunteer or financial support or other public awareness and fundraising efforts of Redwood. You may contact the Privacy Officer, in writing, to request these materials not be sent to you.
  - To maintain waiting list and enrollment data by program and for other Redwood directories.
  - To other health care providers and organizations assisting in a disaster relief effort, to coordinate care for you.
  - To any other organization as necessary to assure Redwood's effectiveness in health care operations.

### **Other Permitted and Required Uses and Disclosures**

Redwood may use or disclose your protected health information in the following situations without your express permission or authorization. These situations are all required by law and disclosures will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures of PHI relating to the following:

- Public Health: To public health authorities for the purpose of controlling disease, injury or disability.
- Communicable Diseases: To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- Health Oversight: To health oversight and government agencies for activities authorized by law: investigations, audits, and inspections relating to the health care system, governmental benefits, regulatory compliance, civil rights. Abuse or Neglect: To a public health authority authorized by law to receive reports of child abuse or neglect; and, if we believe you have been a victim of abuse, neglect or domestic violence.

- Food and Drug Administration (FDA): To a person or company required by FDA to report adverse events, product defects or problems, biologic product deviations, track products; and, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance.
- Legal Proceedings: During the course of any judicial or administrative proceeding, in response to a court order or administrative tribunal, and to respond to a subpoena, discovery request or other lawful process.
- Law Enforcement: For law enforcement purposes, such as: (1) legal processes, (2) requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion of death as a result of criminal conduct, (5) a crime on Redwood's premises, and (6) medical emergency, not at Redwood, where it is likely a crime occurred.
- Coroners and Funeral Directors: To a coroner or medical examiner for identification purposes, determining cause of death or to perform other duties authorized by law; and, to a funeral director, as authorized by law, to permit the funeral director to carry out duties.
- Criminal Activity: To law enforcement authorities to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and, if necessary for them to identify or apprehend an individual.
- Military Activity and National Security: To Armed Forces personnel as deemed necessary by appropriate military command authorities; to the Department of Veteran Affairs to determine your eligibility for benefits; and, for national security and intelligence activities including protective services to the President.
- Workers' Compensation: To comply with workers' compensation laws and similar programs.
- Required Uses and Disclosures: To you and when required by the Secretary of the Department of Health and Human Services to investigate/determine Redwood's compliance with requirements of Section 164.500 et. seq.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization, at any time, in writing, except to the extent that Redwood has already taken an action in reliance on the use or disclosure indicated in the authorization. Redwood will not condition any aspect of your treatment on whether you provide authorization for the requested use or disclosure, unless indicated below. Specific activities requiring authorization, include:

- Use of written PHI for public awareness and fundraising, including photographs, or first name, condition and/or "success story" in agency brochures, videos, for display on the wall, WEB site, the Annual Report, newsletters, Power Point presentations, and related forms of written correspondence, or use of photograph in funding proposals or gift acknowledgement letters.
- Use of PHI (first/last name, condition, success story, visual image) to media representatives for publication in written media publications or television broadcasts.
- Use of PHI (condition, treatment plan, or visual image) to be used in face-to face, videotaped, or written instructional demonstrations for staff, students, families, and other health providers, who are not treating the individual.
- Use of PHI (first name, condition, and "success story" shared verbally during a tour of our building.
- Use of an individual's picture in a staff or family hand book.
- Use of PHI in the event Redwood participates in any research studies or trials.
- Use of PHI to enroll employees in the health or other benefit plan, including providing pre-enrollment information to the plan provider, and to respond to a claim under plan coverage if necessary to determine the level or validity of the payment. (Participation in a benefit plan will be conditioned on granting of this authorization by the employee.)
- Disclosure of PHI to a third party, for purposes other than treatment or payment, at your request and authorization.

## **Your Rights**

You have rights regarding medical information we maintain about you. The following rights were adopted by Redwood in compliance with the Privacy Rule of HIPAA and cover the time period beginning April 14, 2003.

- **Right to Inspect and Copy** – To inspect and/or copy PHI that may be used to make decisions about you, submit your request in writing to the Privacy Officer. At your request, one copy of the information will be provided to you at no charge. For subsequent copies, Redwood will charge a fee for the costs of copying, mailing or other supplies associated with your request. Your request may be denied in certain circumstances, e.g. for psychotherapy notes.
- **Right to Amend** - If you feel medical information about you is incorrect or incomplete, you may ask Redwood to amend the information. An amendment must be in writing and submitted to the Privacy Officer. The request must identify the information to be amended and provide a reason to support the request. Your request may be denied if you ask for an amendment of information that was not created by Redwood; is no longer available; is not part of the information you would be permitted to inspect and copy; or, is already accurate and complete.
- **Right to an Accounting of Disclosures** - To review disclosures of your PHI, other than those made for treatment, payment, healthcare operations or for activities you authorized, submit your request in writing to the Privacy Officer. Your request must state a time period no longer than 6 years, and not before April 14, 2003. The first list you request in a 12 month period will be free. Redwood will notify you of any costs involved for subsequent lists within the same 12 month period; and, you may choose to withdraw or modify your request before any costs are incurred.
- **Right to Request Restrictions** - Requests for restriction or limitation on the PHI Redwood uses or discloses about you for treatment, payment or health care operations, must be submitted in writing to the Privacy Officer. In your request, you must identify (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply. *Redwood is not required to agree to your request; however, if we do agree, in writing, we will comply with your request unless the information is needed to provide emergency treatment to you.*
- **Right to Request Confidential Communications** - To request communication about PHI matters in a certain way or at a certain location (mailing address), submit your request in writing specifying how or where you wish to be contacted. Redwood will not ask the reason for request and will accommodate all reasonable requests.
  - **Right to a Paper Copy of This Notice** - You may ask for a copy of this Notice on paper or electronically at any time. You may obtain a copy of this Notice at our web site ([redwoodrehab.org](http://redwoodrehab.org)) or by calling Redwood's receptionist to ask for a paper copy to be mailed to you. A copy of the Notice is also available in Redwood's reception area.
  - **Right to a copy of Redwood's Privacy Policies and Procedures** - Call Redwood's receptionist to ask for a paper copy to be mailed to you.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Redwood or with the Secretary of the Department of Health and Human Services (Secretary). To file a complaint with Redwood, submit your request in writing to Pamela Millay, Redwood's Clinical Director and Privacy Officer, 71 Orphanage Road, Ft. Mitchell, Ky., 41017. You will not be penalized for filing a complaint. If you wish to file a written complaint with the Secretary, please contact Redwood's Privacy Officer for the address.

## **Changes To This Notice**

Redwood reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. When the Notice is revised, a copy will be available in Redwood's reception area. The Notice will contain the effective date of the revision on the first page, centered under the title.

This Notice was published and becomes effective on April 14, 2003.



Completion of this form verifies:

**I HAVE BEEN GIVEN A COPY OF REDWOOD'S NOTICE OF PRIVACY PRACTICES.**

I consent to the use or disclosure of my Protected Health Information (PHI) by Redwood for the purpose of providing treatment, obtaining payment for services rendered, or to conduct health care operations as described in this *Notice of Privacy Practices*.

**I understand treatment of me by Redwood may be conditioned upon my consent as evidenced by my signature on this document.**

I understand I have the right to request a restriction as to how Redwood uses or discloses my PHI to carry out treatment, payment or healthcare operations. Redwood is not required to agree to the restrictions I request. However, if Redwood agrees to a restriction in writing, the restriction is binding.

I have the right to revoke this consent, in writing, except where Redwood has already made disclosures in reliance on my prior consent.

Client's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Or

Name of Authorized Personal Representative \_\_\_\_\_

Authority to Serve as Personal Representative:

Parent \_\_\_\_\_ Legal guardian \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Request for Authorization (Est. 4/14/03, Rev. 8/13/07)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-19, established regulations to govern the privacy of *individually identifiable health information* obtained, created or maintained by certain entities. As a health care provider, Redwood is required to adhere to privacy standards defined in the Privacy Rule.

HIPAA mandates that Health Care Providers procure an authorization to release *Protected Health Information* (PHI) for purposes other than treatment, payment, or health care operations. PHI is any information, which identifies individual, such as name, demographic identifiers, visual image, health history, diagnosis, functioning level, examination findings, individual treatment/service plan, and related information. Specific activities requiring authorizations include:

- Use of PHI for public awareness and fundraising, including photographs, first name, condition and/or "success story" in agency brochures, videos, for display on the wall, WEB site, the Annual Report, Power Point presentations, newsletters, and related forms of written correspondence, or use of photograph in funding proposals or gift acknowledgement letters.
- Use of PHI (first/last name, condition, success story, visual image) to media representatives for publication in written media publications or television broadcasts.
- Use of PHI (condition, treatment plan, and visual image) to be used in face-to face, videotaped, or written instructional demonstrations for staff, students, families, and other health providers, who are not treating the individual
- Use of PHI (first name, condition, and "success story" shared verbally during a tour of our building.
- Use of PHI in the event Redwood participates in any research studies or trials.
- Use of an individual's picture in a staff or family handbook.
- Use of PHI to enroll employees in the health or other benefit plan, including providing pre-enrollment information to the plan provider, and to respond to a claim under plan coverage if the disclosure of information is necessary to determine the level or validity of the payment. (Participation in a benefit plan will be conditioned on granting of this authorization.)
- Disclosure of PHI to a third party, for purposes other than treatment or payment, at your request and authorization.

**The purpose of this form is to procure your authorization to release some aspect of your *Protected Health Information* to a third party for purposes other than treatment, payment, or health care operations of Redwood, as noted above.**

Redwood will not condition any aspect of your treatment on whether you provide authorization for the requested use or disclosure, unless indicated above. You have a right to inspect or copy the PHI to be used or disclosed as permitted under federal law. You have the right to refuse to sign this authorization. The use and or disclosures authorized below shall be in force and effect until two years of date activity authorized, if you exit Redwood, or revoke the authorization in writing, at which time this authorization to use or disclose protected health information expires.

### Understanding of Authorization

- I understand I have the right to revoke this authorization, in writing, at any time by sending such written notification to Pamela Millay, Redwood's Privacy Officer at 71 Orphanage Road, Ft. Mitchell, Ky., 41017. I understand a revocation is not effective to the extent that Redwood has already relied on the use or disclosure of the protected health information.
- I understand Redwood may receive some compensation in the form of goodwill or a donation to support programs and services, by using my PHI in its public awareness and fundraising efforts, and other activities requiring authorization.
- I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

\_\_\_\_\_  
Adult/Child's Name                      Program Name                      Individual or Personal Representative Signature                      Date



## Authorization for Redwood’s Use or Disclosure of PHI

Please check all areas, which you agree to authorize

I authorize Redwood's executive director and development and/or program staff to use and/or disclose my *Protected Health Information* (PHI) in the formats indicated below, for no more than two years of date below or if I exit Redwood, or revoke this authorization in writing. I understand my PHI may be used for educational or public awareness activities or fundraising, by providing it to Redwood supporters and other people or organizations who may have interest in Redwood's mission.

### Photograph or visual representation

- For display on Redwood's walls.
- In a Redwood video, slide presentation, or WEB site.
- In brochures, newsletters, reports, the Annual Report, Power Point presentations, or the staff/family handbook.
- In grant proposals, the Annual Appeal, other funding requests, or acknowledgment of gift letters.
- In an instructional demonstration (oral, videotaped, written format) to people who are not directly treating me.

### First name and/or age

- For display on Redwood's walls.
- In a Redwood video, slide presentation, or WEB site.
- In agency brochures, newsletters, Annual Report, or Annual Appeal.
- To greet you by name during tours.
- In an instructional demonstration (oral, videotaped, written format) to people who are not directly treating me.

### A story (brief description of diagnosis/condition, program, skills learned and perhaps a quote by or about me)

(Please note: Individuals or personal representatives will provide input and review a "written" story prior to Redwood's use)

- For display on Redwood's walls.
- In a Redwood video, slide presentation, or WEB site.
- In agency brochures, newsletters, Annual Report, or Power Point presentations, or Annual Appeal.
- To be shared verbally with people who are touring our building to learn more about our work.
- In an instructional demonstration (oral, videotaped, written format) to people who are not directly treating me.

Adult/Child’s Name	Program Name	Individual or Personal Representative Signature	Date
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I authorize Redwood to use and/or disclose PHI as indicated below, to reporters for local, state and national media publications, including newspapers and magazines, and to reporters for local, state and national television broadcast stations.

- Photograph       First and last name       Age       City, county or state of residence
- A story (brief description of diagnosis/condition, program, skills learned and perhaps a quote by or about me)

Adult/Child’s Name	Program Name	Individual or Personal Representative Signature	Date
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I authorize Redwood to use my PHI for all reasons indicated on this page.

I do not authorize Redwood to use my PHI for any reason indicated on this page.

Adult/Child’s Name	Program Name	Individual or Personal Representative Signature	Date
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Authorizations for other purposes (research, other marketing activity, employee enrollment in a benefit plan, or as requested by the individual) will be on a different authorization form, and requested as needed.

71 Orphanage Road • Ft. Mitchell • Kentucky • 41017 • phone: (859) 331-0880 • fax: (859) 331-6177 • [www.redwoodrehab.org](http://www.redwoodrehab.org)