



Specialized Health Services Inc.

VISTAS Programs

Notice of Privacy Practices

This notice describes how medical information about you/your son/daughter may be used and released and how you can get access to this information. Please review this document carefully.

Specialized Health Services Inc. is required by federal law, the Health Insurance Portability and Accountability Act (HIPAA), to make sure that your Protected Health Information (PHI) is kept private. PHI includes information that we have created or received about you/your son/daughter's past, present, or future health/medical conditions that could be used to identify you/your son/daughter. Unless you give us written authorization, we will only release your health/medical information for treatment, payment, or healthcare operations, or when we are otherwise required or permitted by law to do so. Not every use is listed, but the ways we can use and release information without a written release fall within one of the descriptions below:

1. **Health-related benefits or services:** We may also use PHI to give you information about other health care related treatment and services.
2. **Treatment:** We may use and release your PHI to those who provide you with healthcare services or who are involved with you/your son/daughter's care such as doctors, nurses, and other healthcare professionals. PHI may also be used for referrals to hospitals, specialists, or for other treatment alternatives. For example, we may share the PHI with relevant program staff for Individualized Program Planning (IPP) purposes to recommend appropriate services to address your/your son/daughter's health needs while at the program.
3. **To receive payment for the treatment that was provided to you/your son/daughter:** We may use and release your PHI in order to bill and receive payment for treatment and services you/your child received in the program or community setting.
4. **Quality assurance:** We may use and release your PHI to comply with Community Care Licensing and Regional Center facility reviews.
5. **To meet legal requirements:** We may use and release PHI to government officials or law enforcement agencies when federal, state, or local laws require us to do so. We also share PHI when we are required to do so in a court or other legal proceedings. For example, if a law says we must report private information about consumers who have been abused, we will provide such information.
6. **To report Public Health Activities:** We may use and release PHI to government officials in charge of collecting certain public health information. For example, we may share some statistical information about diseases such as SARS, and smallpox.
7. **For Research purposes:** We do not release PHI for purposes of medical research. We do, however, use PHI to create a collection of information that cannot be traced back to you/your son/daughter.
8. **To avoid harm:** To avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement, emergency personnel, or others who may be able to stop or lessen the harm.
9. **Fundraising:** We may use and release the PHI in applying for grants and/or to funding agencies to obtain funds for the enhancement and expansion of our services. Although allowable by law, it is not the practice of Specialized Health Services Inc. to use or release your PHI in a manner that can be traced back to you/your son/daughter.

Your Rights

- You may see or obtain a copy of information that we have about you/your son/daughter or correct your/your son/daughter's personal information that you believe is missing or incorrect. If someone else (such as your doctor) gives us the information, we will tell you who, so that you can ask them to correct it.
- You may ask us not to use your health information for payment or health care operations activities. (We are not required to agree to these requests.)

- You may ask us to communicate with you about health matters using reasonable alternative means, or at a different address if communications to your home address could endanger you.
- You have the right to withdraw or revoke your consent in writing at any time. However, we may refuse to continue to treat a consumer if the conservator revokes his or her consent.
- You may ask to receive a list of disclosures of you/your son/daughter's health information that we make on or after April 14, 2003, except when:
 - You have authorized the disclosure;
 - The disclosure is made for treatment, payment, or health care operations; or
 - The law otherwise restricts the accounting.
- You have a right to receive a copy of this notice upon request at any time.

Complaint Process

If you believe that we may have violated your/your son/daughter's Privacy rights, or you have questions regarding this notice, want to restrict use or disclosure, or make a complaint, please write to:

Specialized Health Services Inc.
6350 Laurel Canyon Blvd. #307
North Hollywood, CA 91606
Attn: Patrick Knight, Privacy Officer

An alternative method of processing a complaint:

U.S. Department of Health and Human Services