



## Notice of Privacy Practices

**This notice describes how your medical information may be obtained, used, or disclosed and how you can get access to this information. Please review it carefully. If you have any questions regarding this notice, please contact the Privacy Officer at Arrow Child & Family Ministries (Arrow).**

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

### **ARROW'S DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

This *Notice of Privacy Practices* describes Arrow's practices regarding the use of your PHI and is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). We are required to protect your PHI, to provide you with this Notice, to comply with the Privacy Practices as described in this Notice, and seek your acknowledgment of receipt of this Notice. Services will not be conditioned upon your signed Acknowledgement.

Arrow reserves the right to change the terms of the *Notice of Privacy Practices* and to make new Notice provisions effective for all PHI that Arrow maintains by first:

1. Posting the revised Notice in prominent locations throughout Arrow service sites;
2. Making copies of the revised Notice available upon request; and
3. Posting the revised Notice on the Arrow website at [www.arrow.org](http://www.arrow.org).

### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes Arrow's practices and that of:

1. Any healthcare professional authorized to enter information in your medical record;
2. All departments and units of Arrow; and
3. All employees, volunteers, interns, independent contractors, and contractors.

### **HOW ARROW MAY USE AND/OR DISCLOSE PHI ABOUT YOU**

#### Treatment

1. We may obtain, use, or disclose PHI about you to provide, coordinate, and manage your medical and mental healthcare and other related services.
2. We may disclose PHI about you to doctors, nurses, student interns, or Arrow employees who are involved with the delivery of services provided to you.
3. We may communicate with other medical and mental healthcare providers regarding your treatment and the coordination and management of your healthcare.
4. We may communicate and share your PHI with different Arrow departments in order to provide, coordinate, and manage your treatment.
5. We may use and disclose PHI about you when referring you to another medical and mental healthcare provider.

### Payment

We may obtain, use, or disclose PHI about you so that the treatment and services you receive may be billed to and collected from you, an insurance company, or a third party. For example, your insurance company may need to know about a treatment you are going to receive to grant prior approval, or to determine whether your plan will cover the treatment. We may also share your medical information with the following:

1. Billing departments;
2. Collection departments or agencies;
3. Insurance companies, health plans, and their agents which provide you coverage; and
4. Consumer reporting agencies (e.g., credit bureaus).

### Healthcare Operations

We may obtain, use, or disclose your PHI for healthcare operations. Healthcare operations allow us to improve the quality of care that we provide and reduce healthcare costs. For example, reasons for exchange of PHI with healthcare operations include the following:

1. To review and improve the quality, efficiency, treatment, services, and cost of care provided to you, and to evaluate the performance of employees providing services to you;
2. To review and evaluate the skills, qualifications, and performance of healthcare providers taking care of you;
3. To resolve grievances within Arrow;
4. To conduct and arrange for medical review, legal services, auditing functions, including fraud and abuse detection, and compliance programs pursuant to applicable laws;
5. For review and learning purposes involving doctors, psychologists, student interns, and other Arrow employees;
6. To cooperate with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting bodies such as the Council of Accreditation (COA); and
7. To cooperate with outside organizations that evaluate, certify, or license healthcare providers. For example, we may use and disclose your PHI so that one of our employees may become certified as having expertise in a certain field.

### Appointment Reminders

We may obtain, use, or disclose your PHI to contact you regarding the scheduling of an appointment, to remind you of an appointment, and to send written notification of a scheduled appointment for treatment.

### Treatment Alternatives

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

### Health-Related Benefits and Services

We may obtain, use, or disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

### Fundraising Activities

We may obtain, use, or disclose your PHI in an effort to raise money for Arrow and its operations; the disclosure will be made in accordance with HIPAA and PHI policies and procedures.

### Research

Under certain circumstances, we may obtain, use, or disclose your PHI for research purposes, but only under specific criteria.

### Workers' Compensation

We may release your PHI for Workers' Compensation or similar programs, as authorized by state Workers' Compensation laws and programs.

### To Avert Serious Threat to Health or Safety

We may obtain, use, or disclose your PHI consistent with applicable state and federal laws and standards of ethical conduct, if we, in good faith, believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety, or that of a person, or the public; if the disclosure is made to a person or persons reasonably able to lessen or prevent the threat, including the target of the threat, or is necessary for law enforcement authorities to identify or apprehend an individual.

Additionally, we may obtain, use, or disclose your PHI when the disclosure relates to victims of abuse, neglect, or domestic violence.

### Public Health Activities

We may obtain, use, or disclose your PHI when necessary for public health activities. For example, we may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. These activities generally include the following:

1. To prevent or control disease, injury, or disability;
2. To report births and deaths;
3. To report child abuse or neglect;
4. To report reactions to medications or problems with products;
5. To notify people of recalls of products they may be using;
6. To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and
7. To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence.

### Health Oversight Activities

We may use and disclose your PHI to a state or federal health oversight agency which is authorized by law to oversee our operations. These activities include audits, investigations, inspections, and licensure. These activities are required by government programs to monitor the healthcare system and to comply with applicable laws, including civil rights laws.

### Judicial Administrative Proceedings, Lawsuits, and Disputes

If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena or other lawful order from a court.

### Law Enforcement

We may release your PHI upon a request by a law enforcement official. The information requested must be specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought. Examples of the uses and disclosures are:

1. In response to a court order, subpoena, warrant, summons, or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. In investigations of criminal conduct or victims of a crime; and
4. In emergency circumstances to report a crime, the location, the victims, and/or the identity or the description and locations of the person(s) who committed the crime.

### Coroners, Medical Examiners, and Funeral Directors

We may release your PHI, as necessary, to carry out the duties of coroners, medical examiners, and funeral directors when the use or disclosure relates to decedents. For example, we may disclose your PHI to a coroner or medical examiner for identifying purposes, should you die.

### Specialized Government Functions

We may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state; and for conduct of special investigations, intelligence, counterintelligence, and other national security activities authorized by law.

### Inmates

If you are an inmate or under the custody of a law enforcement official, we may use or disclose your PHI for the provision of medical and mental healthcare. For example, the release of information is necessary to provide you with healthcare, to protect your health and safety or the safety of others, or for the safety and security of the correctional institution.

### As Required by Law

We will disclose your PHI when required to do so by federal, state, or local law; or other judicial or administrative proceedings.

### Disaster Relief Purposes

We may share your PHI with a public or private agency or organization (for example, the American Red Cross) for disaster relief purposes. Even if you object, we may still share your PHI, if necessary, under emergency circumstances.

### AUTHORIZATIONS ON OTHER USES OF PHI

Under any circumstance other than those listed above or pursuant to applicable state laws, we will ask for your written authorization before we obtain, use, or disclose your PHI. Other uses and disclosures of PHI not covered by this Notice or applicable state and federal laws that apply will be made only after obtaining your written authorization:

1. If you provide us with written authorization to use and disclose your PHI, you may revoke that authorization, in writing, at any time;
2. If you revoke your authorization in writing, we will not disclose your PHI after your cancellation, except for disclosures that were processed before we receive your cancellation; and
3. You understand that we are unable to retrieve any disclosures of your PHI that we may have already made pursuant to your authorization.

### YOUR PRIVACY RIGHTS REGARDING YOUR HEALTH INFORMATION

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

#### **1. You have the right to inspect and copy your health information.**

This means you may inspect and obtain a copy of your PHI that is contained in a “designated record set” for so long as we maintain the PHI. A designated record set contains medical and billing records and any other records that Arrow uses in making decisions about your healthcare. You may not however, inspect or copy the following records:

- 1.1. Psychotherapy and psychosocial notes;
- 1.2. Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and
- 1.3. Certain PHI that is subject to laws that prohibit access to that PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact a designated Arrow employee if you have questions about access to your medical record.

#### **2. You have the right to request a restriction of your health information.**

This means you may ask us to restrict or limit the medical information we obtain, use, or disclose for the purposes of treatment, payment, or healthcare operations. Arrow is not required to agree to a restriction that you may request. We will notify you if we deny your request.

- 2.1. If we do agree to the requested restriction, we may not obtain, use, or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting a designated Arrow employee.

#### **3. You have the right to request to receive confidential communications by alternative means or at alternative locations.**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for an alternate address or other method of contact and, when appropriate, information as to how payment, if any, will be handled. We will not request an explanation from you regarding the basis for the request. Requests must be made in writing to a designated Arrow employee.

4. **You have the right to request amendments to your health information.**  
This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with our Privacy Officer. We may prepare a rebuttal to your statement and will provide you with a copy of this rebuttal. If you wish to amend your PHI, please contact a designated Arrow employee. Requests for amendment must be in writing.
5. **You have the right to receive an accounting of disclosures of your health information.**  
You have the right to request an accounting of certain disclosures of your PHI made by Arrow. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for directory or notification purposes, to family or friends involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to a designated Arrow employee. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that took place prior to April 14, 2003. Accounting requests may not be made for periods of time greater than six years prior to the request.
6. **You have the right to receive a paper copy of this Notice of Privacy Practices.**  
You have the right to receive a paper copy of this Notice on the date that you first receive service from us. In emergency situations, we will provide the Notice as soon as possible. You may also obtain a copy of this Notice on our website at [www.arrow.org](http://www.arrow.org).

#### **WHAT IF I HAVE A QUESTION OR COMPLAINT?**

If you have questions regarding your privacy rights, please contact Arrow's Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint; no action will be taken against you nor will any change be made to your treatment.

#### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Washington, DC 20201

#### **Privacy Officer**

2929 FM 2920 Road  
Spring, TX 77388