

Services for Children
Lutheran Social Services of the South, Inc.
NOTICE OF PRIVACY PRACTICES
SUMMARY INFORMATION

This notice explains how Lutheran Social Services (LSS) uses and discloses private health information. It is provided to you as required by the Health Information Portability and Accountability Act of 1996 (CFR 45). The first page is a summary. Please read the entire notice.

LSS will use and disclose private health information for our residents/clients in order to:

1. Provide regular or emergency treatment or services.
2. Obtain and receive payment for services provided.
3. Conduct Business operations - such as quality improvement or obtaining liability insurance.
4. Share information with others involved in your care, such as your family.
5. Communicate with you through a translator, if required.
6. Make reports as required by other laws, including:
 - Public health authority - diseases, or birth and death.
 - Abuse, neglect and exploitation of children, the elderly or the disabled.
 - Food and Drug Administration
 - Legal or Court Proceedings
 - Law Enforcement reports, requests or investigations.
 - Health Oversight Agencies
7. Defend this agency in the event of a lawsuit or other legal proceeding.
8. Comply with licencing and accreditation reviews.
9. Relay information about a death to a coroner, funeral director or organ donation center.
10. Worker's Compensation investigation and treatment.

You as a resident/client of LSS have the right to:

1. Access to inspect or copy portions of your record.
2. Request a correction or amendment to your record.
3. Receive an accounting of some uses of your information
4. Request a restriction of our use of your information
5. Request that we communicate with you at an alternative location.
6. Receive a copy of the attached notice.

Anyone may file a complaint or comment within LSS or with the Department of Health and Human Services. No one will retaliate against those who file a complaint.

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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. You have the right under federal law to receive notice of how this agency uses and discloses your protected health information. You also have the right to access your medical records and to understand this agency's legal duties regarding your information. Your protected health information includes demographic information that may identify you and relates to your past, present or future physical or mental health or condition and any related health care services.

This agency is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. Significant changes in the policy will become effective on the date included in the notice. If you are currently receiving active services from this agency, a copy of the revised Notice of Privacy Practices will be provided to you. A copy of our most current Notice of Privacy Practices will be maintained on our website at www.lsss.org. Copies can also be requested by calling our Privacy Official at 1-800-938-5777.

This Notice of Privacy Practices is provided to the agency or individual who has legal authority to make medical decisions for minor children residing in LSS facilities or foster homes. In this notice all references to "you" refers to the minor child and his or her information.

Many of our services are provided to children in the conservatorship of Children's Protective Services (CPS). In all cases, LSS will abide by the recommendations and restrictions of CPS regarding the release of information about children in our care. Any and all information regarding you and the care LSS provides to you is available to CPS staff because they have legal authority to make decisions for you.

In all situations, Lutheran Social Services is committed to providing excellent, confidential care for our clients and residents. Our policy is that all demographic, medical or psychiatric information about those whom we serve is confidential and to be guarded carefully.

1. Uses and Disclosures of Protected Health Information

The routine ways we use and disclose your protected health information are described in this section, in order to provide treatment, order medications or medical equipment. Information about you may be shared with other health care providers in order to provide you with excellent care.

A. Treatment

Our employees and physicians, therapists, counselors or other medical professionals with whom we contract will have access to your medical records. These other providers include but are not limited to pharmacies, hospitals, ambulance drivers or attendants, or specialty physicians, including psychologists and psychiatrists. We may send or receive information about you if you are being admitted to or discharged from this facility or program.

B. Payment

Your protected health information will be used as needed to obtain payment for your health care services as arranged at admission. In some cases additional information may be released in order to approve payment. Information may be given to a collection agency if required.

C. Health Care Operations

LSS may use or disclose your protected health information in order to support the business activities of our organization. These activities include quality assessment and improvement activities, employee review activities, licensing or accrediting surveys or other activities. In the event that this LSS facility or program is sold, the minimum amount of your protected health information necessary to assure the continuity of your care will be given to the new owners.

Your protected health information may be used or disclosed in order to provide you with information about treatment alternatives, or other health related benefits or services.

We will use and disclose your protected health information with a third party known as a business associate for some activities, such as billing and collections, or for audit or insurance purposes. In these cases, a contract exists between LSS and the other agency that requires careful and confidential management of your information. Business associates are not to disclose your information for activities other than those specified in the contract.

2. Authorizations

Federal law requires written authorization in order to use and disclose your protected health information in some circumstances. This written authorization can be revoked at any time. However, the revocation does not cover information used and disclosed prior to the signature terminating the authorization. Authorizations can only be signed by those who have the ability to make their own medical decisions, or those who have legal custody or conservatorship.

A. Psychiatric Notes

Express written authorization is required for the release of psychiatric notes, unless the information is needed for treatment, payment or health care operations.

B. Marketing

An authorization is required if we use or disclose your protected health information for marketing activities. This could include sending information about programs operated outside agencies and providers. LSS agency policy prohibits the sale of client or resident names to any third party for marketing purposes.

3. Uses and Disclosures that May Occur with Authorization or the Opportunity to Object.

LSS may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of this information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then LSS staff will use professional judgment to determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

A. Others Involved in Your Healthcare

Unless you or your conservator object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person responsible for you about your current location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

B. Emergencies

LSS may use or disclose your protected health information in an emergency treatment situation. If this happens, LSS staff will try to obtain your verbal consent as soon as reasonably practical after the delivery of treatment. If our staff is not able to obtain your consent, we may still use or disclose your protected health information in order to treat you.

C. Communication Barriers

LSS may use and disclose your protected health information if our staff is not able to communicate effectively with you due to substantial communication barriers. LSS will work to obtain the services of an appropriate translator to assure your understanding of your situation.

4. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. Many of these reports must be made to comply with other state or federal laws. You will be notified, if required by law. These situations include:

A. Public Health

LSS may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. Certain events such as birth, death, and certain diseases such as tuberculosis, and public health surveillance activities must be reported. LSS may disclose information to a person who may have been exposed to a disease or may otherwise be at risk of contracting or spreading the disease.

B. Health Oversight

LSS may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

C. Abuse, Neglect or Exploitation

LSS will disclose your protected health information, as required by law to a public health authority that is authorized by law to receive reports of child abuse or neglect, or the abuse, neglect or exploitation of the elderly or disabled.

D. Food and Drug Administration (FDA)

Federal law requires that the FDA monitor certain medical equipment, devices and products. Injury or death related to these products must be reported. LSS must disclose your protected health information to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems or biologic product deviations. This information is used to track products; enable product recalls; make repairs or replacements, or to conduct post marketing surveillance, as required.

E. Legal Proceedings

LSS may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process. LSS may disclose information in order to defend the agency in a lawsuit.

F. Employers / Workers Compensation

LSS will use and disclose protected health information if this agency provides health care to employees at the request of the agency in order to conduct an evaluation of the workplace or to evaluate whether or not the employee has a work related injury. Your information may be disclosed by our staff as authorized to comply with workers' compensation laws, or investigations and other similar legally-established programs

G. Law Enforcement / National Security

LSS may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs in this facility or program, and (6) medical emergency that indicates a crime may have occurred. Your information may be disclosed as required for national security or intelligence activities as required by law.

H. Coroners, Funeral Directors, and Organ Donation

LSS may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes. Funeral directors and cadaver or organ donation centers will only be contacted if your conservator has first given us specific instructions on the proper agency to contact.

I. Research

We may disclose your protected health information to researchers if your conservator agrees in writing to participate in a study. Participation is always voluntary. If you participate, LSS will assure that the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

J. Criminal Activity

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual. If LSS is providing counseling or therapy to you to help you stop criminal behavior, we will not notify law enforcement if you tell our staff, as part of your treatment that you have committed a violent criminal act.

K. Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility and LSS created or received your protected health information in the course of providing care to you.

L. Incidental Disclosures

Because most of the children living in LSS facilities or foster homes participate in group activities, other residents will come to know your name and perhaps some of your personal story because of personal relationships, group counseling or therapy sessions. LSS staff will not share your records with other residents in our facilities.

M. Required Uses and Disclosures

Under the law, LSS must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

5. Your Rights

Federal law establishes your right to access and amend your protected health information. The following instructions tell you how you can exercise these rights. All requests must be made in writing to the Privacy Official listed on the last page, or the Executive Director of your Program. LSS staff will assist you in writing your request if needed. In some cases, your request might be denied. If this happens, you can file a grievance or ask that another professional review the record on your behalf.

A. You have the right to inspect and copy your protected health information

This right will be accommodated within the limits of state law and licensing regulations. Federal law limits and restricts your access to certain types of records, such as psychotherapy notes.

B. You have the right to request an amendment of your protected health information

You may request an amendment or correction in your information. The request can ask that LSS make the change in your record, or you may insert your own statement into the record.

C. You have the right to receive an accounting of certain disclosures made by LSS of your protected health information

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. Certain exclusions apply.

D. You have the right to request a restriction of your protected health information

You may ask LSS not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Please discuss any restriction you wish to request with the Executive Director of your facility or program. LSS will consider your request, but reserves the right to deny these requests. Any restrictions requested by you and agreed to by LSS will be documented in a written agreement.

E. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

LSS will accommodate reasonable requests, but our staff may not agree if it prevents us from providing excellent care or receiving payment. This can include sending information to you at an alternative address.

F. You have the right to obtain a paper copy of this notice from us

LSS will provide a paper copy of this notice upon admission and any time significant changes are made. A paper copy will be given if requested, even if you have agreed to accept this notice electronically.

6. Complaints

You may file a complaint if you believe your privacy rights have been violated by LSS. You may file an internal complaint by notifying our Privacy Official at the address below. You can also call the Privacy Official if you have questions about our complaint process or this Notice. We will not retaliate against you for filing a complaint.

Privacy Official

Lutheran Social Services of the South
8605 Cross Park
Austin, TX 78754
512-459-1000
1-800-938-5777

If you wish to complain directly to the Secretary of Health and Human Services, you may file a complaint by writing to the Office of Civil Rights.

Secretary of Health and Human Services
200 Independence Ave. S.W.
Washington, DC 20201
1-800-368-1019

This notice was published by LSS and becomes effective on April 10, 2003.

I confirm by my signature that I have received a copy of the Lutheran Social Services of the South Notice of Privacy Practices, effective April 10, 2003.

Signature

Printed Name

Phone Number

Relationship

Child's Name & Date of Birth