



PRIVACY POLICY of Alliance Child & Family Solutions (“ACFS”)

1. **Purpose of this Notice.** Alliance Child & Family Solutions (“Agency”) respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. This Notice describes how we protect the confidentiality of the protected health information we receive. HIPAA refers to the Health Insurance Portability and Accountability Act of 1996. Agency maintains a process to ensure compliance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Since our goal is to provide the highest level of service to our clients and business partners, we want you to know how Agency complies with the HIPAA directives. Our HIPAA Privacy Policy contains procedures addressing the protection, use and disclosure of protected health information (“PHI”), accounting of disclosures, access by individuals and third parties to PHI, protection of PHI by contractors, business associate agreements and training of Employees, interns, students, subcontractors and/or affiliated professionals (“Providers”). The following privacy policy is adopted to ensure that this practice complies fully with all federal and state privacy protection laws and regulations. Protection of client privacy is of paramount importance to Agency.
2. **Publication of this Notice.** It is the policy of Agency that a notice of privacy practices must be published, that this notice be provided to all subject individuals at the first client encounter if possible, and that all uses and disclosures of protected health information be done in accord with Agency's notice of privacy practices. It is the policy of Agency to post the most current notice of privacy practices on our website, and to have copies available for distribution with our on-site clinicians.
3. **How We Protect Personal Information.** We treat personal information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide support services to our clients. These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable laws. We employ strict physical, electronic and procedural security standards to protect personal information and maintain internal procedures to promote the integrity and accuracy of that information. All records are electronic and maintained/stored by ACFS and not by individual Providers within the Agency. If for any reason a Provider is incapacitated or no longer employed with the agency, the Client will be provided the option to transfer to another provider and/or given external referrals if needed.
4. **Disclosure of Personal Information.** There are several circumstances in which disclosure of personal or protected health information may be voluntary, and other times when the nature of our services requires involuntary disclosures of this information when applicable to the circumstances described below:
 - a. We may use or disclose personal or protected health information during the course of clinical research activities, but this would be with the written consent of the client prior to beginning any clinical research activities.
 - b. Agency Providers are considered mandatory reporters in the occurrence of abuse/neglect. As such, we may disclose personal or protected health information to the appropriate authorities, as is required by law, in instances in which there is a reasonable suspicion that the client and/or his / her / their immediate family has been the victim of abuse, neglect or domestic violence.
5. **Individual Rights to Access and Correct Personal Information.** We have procedures in place for individuals to have access to protected health information, and procedures in place to ensure the integrity of our information and for the timely correction of incorrect information. **No records are ever given directly to the client OR to solicitors for any reason. No records will be released to outside approved entities until any/all financial responsibilities are paid in full by client.**
6. **Minimum Necessary Use and Disclosure of Protected Health Information.** It is the policy of Agency that for all routine and recurring uses and disclosures of PHI (except for uses or disclosures made 1) for treatment purposes, 2) to or as authorized by the client or 3) as required by law for HIPAA compliance such uses and disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the use or disclosure. It is also the policy of Agency that non-routine uses and disclosures will be handled pursuant to established criteria. It is also the policy of Agency that all requests for protected health information (except as specified above) must be limited to the minimum amount of information needed to accomplish the purpose of the request.
7. **Deceased Individuals.** It is the policy of Agency that privacy protections extend to information concerning deceased individuals.



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8. **Training and Awareness.** It is the policy of Agency that all members of our workforce have received information and/or been trained on the policies and procedures governing protected health information and how Agency complies with the HIPAA Privacy and Security Rules. It is also the policy of Agency that all members of our workforce sign a written commitment to follow these policies and procedures upon joining Agency’s workforce. It is the policy of Agency to provide training should any policy or procedure related to the HIPAA Privacy and Security Rule materially change. This training will be provided within a reasonable time after the policy or procedure materially changes. Furthermore, it is the policy of Agency that training will be documented indicating participants, date and subject matter.
9. **Further Information.** Agency may find it necessary to revise and update its HIPAA Privacy Policy from time to time as changes to the privacy regulations emerge, and will communicate any such changes to our clients and business partners.
10. **Rights.** As a client receiving services from an Agency employee, subcontractor and/or affiliated professional, clients have the right to:
- a. Understand and use these rights. If for any reason a client does not understand or need help, Agency must provide assistance.
 - b. Receive services without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
 - c. Be treated with courtesy and respect throughout the course of all services provided.
 - d. Be informed of the name and position of the employee, subcontractor and/or affiliated professional who will be conducting services in the home of the client.
 - e. Refuse services at the discretion of the client.
 - f. Understand that the Agency Providers prefer a smoke-free environment and smoking during the visit is prohibited.
 - g. Receive all information needed for the client to give an informed consent for any proposed services.
 - h. Receive an explanation of all incurred charges upon request.
 - i. Complain without fear of reprisals about the services received, and to have Agency respond in a timely manner. If the client is not satisfied with Agency’s response, he / she / they may request information regarding how to obtain another agency to be the service provider.
 - j. Receive a reasonable response to any reasonable request for services from Agency.
11. **For Treatment.** Agency Providers may review and record information in a client’s record about the treatment and care provided by Agency Providers. We will use and disclose this health information in order to provide the best treatment and care for our clients. For example, a therapist may consult with another therapist regarding how to best treat a client.
12. **For Payment.** Our Agency may use and disclose PHI to others in order for the Agency to bill for health care services or mental health treatment in order to receive payment. For example, we may include health information in our claim to a client’s insurance company, Medicare or Medicaid in order to receive payment for services provided. We may also disclose personal or health information to other providers so that they can receive payment for the services provided.

By my signature below, I am indicating that I have read and understand all of the above, have had an opportunity to ask questions about this information, and consent to this policy as part of my treatment.

These signatures are signed and submitted as of today's date, _____

Printed Name of Client (or Legal Guardian)

Signature of Client (or Legal Guardian)

***NOTE: The signatures on this form are considered valid and true regardless of whether hand signed or signed electronically through IntakeQ, AdobeSign, DrChrono, or another approved electronic venue, that I am consenting to all of the above statements with my electronic signature, even if the signature does not appear on the exact lines above.**