

Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person referenced with in the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request addressed to the Privacy Officer. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

**B. The right to request a restriction on uses and disclosures of your PHI.**

You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the practice does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

**C. The right to request to receive confidential communications from us by alternative means or at an alternative location.**

You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to the Privacy Officer.

**D. The right to have your physician amend your PHI.** You may request an amendment of PHI about you in 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 for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal. Requests for amendment must be in writing. In this written request, you must also provide a reason to support the requested amendments.

**E. The right to receive an accounting.** You have the right to request an accounting of certain disclosures of your PHI made by the practice. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members 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 our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 1, 2010. Accounting requests may not be made for periods of time in excess of six years.

**E. The right to obtain paper copy of this notice.**

**VI. Our Duties**

The practice is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as maybe amended form time to time. We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all PHI that we maintain. If the practice changes its Notice; we will provide you with a copy.

**VII. Complaints**

You have the right to express complaints to the practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the practice by contacting the Privacy Officer in writing and then mailing it to our office. You will not be retaliated against in any way for filing a complaint.

**VIII. Effective date**

This Notice is effective April 1, 2010

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW CAREFULLY.**

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act. (HIPAA). This Notice describes how we may use and disclose your protected health to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information in some cases. Your “protected health information” means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition. This notice is effective February 2010, and applies to all protected health information defined by federal regulations.



To receive a copy in larger print  
please visit our website at  
[www.pillerchilddevelopment.com](http://www.pillerchilddevelopment.com)

## Understanding Your Health Record

Each time you visit Piller Child Development, a record of your visit is made.

### Uses and Disclosures of Protected Health Information (PHI)

The practice may use your PHI for purposes of providing treatment, obtaining payment, and conducting health care operations. Your PHI may be used or disclosed only for these purposes unless the Practice has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law. Disclosures of your PHI for the purpose described in this Notice may be in writing, orally, or by facsimile.

**A. Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. We may also disclose PHI to other physicians who may be treating or consulting with your care. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.

**B. Payment.** Your PHI will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if certain procedures are recommended, we may need to disclose information to your health insurer to get prior approval. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your PHI to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company for utilization review.

**C. Operations.** We may use or disclose your PHI as necessary, for our own health care operations in order to facilitate the function of the practice and to provide quality care to all patients. Health care operations include such activities as: Quality assessment and improvement activities, Employee review activities, Training programs including those in which students, trainees, or practitioners in health care learn under supervision, Accreditation, certification, licensing or credentialing activities, Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, Business management and general administrative activities.

**D. Other uses and Disclosures.** As part of treatment, payment and Healthcare operations, we may also use or disclose your protected health information for the following purposes:  
To remind you of an appointment... To inform you of potential treatment alternatives or options. To inform you of health-related benefits or services that may be of interest to you.

## II. Uses and Disclosures Beyond Treatment, Payment and Health Care Operations Permitted Without Authorization, or Opportunity to Object

Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

**A. When Legally Required.** We will disclose your protected health information when we are required to do so by any Federal, State, or local law.

**B. When There Are Risks to public Health.** We may disclose your PHI for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth, death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or require by law.
- To collect or report adverse events and product defects, track FDA regulated products; enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

**C. To Report Abuse, Neglect, Or Domestic Violence.** We may notify Government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**D. To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**E. In Connection With Judicial And Administrative Proceedings.** We may disclose your PHI the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.

**F. For Law Enforcement Purposes.** We may disclose PHI to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To law enforcement official if the practice has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

## G. To Coroners, Funeral Directors, and for Organ Donation.

We may disclose PHI to coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director as authorized by law, in order to permit the funeral director to carry their duties. We may disclose such information is reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

**H. For Research Purposes.** We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your PHI.

**I. In the Event of a Serious Threat to Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**J. For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the practice to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**K. For Worker's Compensation.** The practice may release your health information to comply with worker's compensation laws or similar programs.

## III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition, or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.

## V. Your Rights

You have the following rights regarding your health information:

### A. The right to inspect and copy your protected health information.

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other that your physician and the practice uses for making decisions about you. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.



PO Box 50218  
Phoenix, AZ 85076  
Phone: (480) 398-4280  
Fax (480) 398-4281  
[www.PillerChildDevelopment.com](http://www.PillerChildDevelopment.com)

*Helping Children Reach their True Potential*

## **Patient Rights**

Piller Child Development values advocating for and protecting the rights of patients and will adhere to all applicable Federal and State Regulations regarding rights of the patients. We do not discriminate in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion.

You will be informed, in writing, at the time of admission of the following rights in a language you understand. A copy of these rights are being provided to you in this patient handbook. These rights will be discussed during orientation and will be posted at a conspicuous site in the clinic.

As a recipient of services at Piller Child Development, I have the right:

1. To be provided services in the least restrictive environment. To know the recommended level of care for my treatment and as indicated by my presenting problems and alternate treatment options.
2. To not be discriminated against in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap, religion or source of payment. In addition, to exercise my rights without fear of restraint, interference, discrimination and reprisal.
3. To be informed in a language that I understand.
4. To be informed about what to expect in the treatment process.
5. To be informed of the cost of services rendered to me and to my family as soon as the information is available.
6. To receive a copy of the patient handbook, which contains the guidelines for treatment including program rules, services provided, my rights, etc.
7. To take an active part in the planning of my individualized treatment plan and aftercare activities as well as consider referrals to other services if I am ineligible for treatment at the present level of care. Or, I may refuse treatment or any procedures or specific medications that are unusual, hazardous or experimental.
8. To request a review of my treatment plan at any time during treatment and to obtain the opinion of a qualified outside consultant regarding my treatment at my own expense, if I so desire.
9. To know the benefits, risks and side effects of all medications and treatment procedures that may be prescribed and to be aware of alternative treatment procedures.
10. To have competent, qualified, experienced clinical staff to supervise and carry out my treatment and the opportunity to select a counselor of my choice.

11. To expect confidentiality from the entire staff with respect to my identity, diagnosis, prognosis and treatment.
12. To not be requested to perform services for Piller Child Development which are not stated as part of my treatment plan. I understand that I will not be allowed to perform services in lieu of treatment fees.
13. To obtain copies of all consents that I sign. Either the counselor or the Program Director will honor verbal requests for copies of consents within 24 hours.
14. To protection from harassment by any outside agency or person while on the premises. Piller Child Development will exercise confidentiality laws to the fullest extent.
15. To air grievances and initiate appeals. I have been informed of the patient appeals procedures. I understand that the grievance procedures will be posted in conspicuous places within the clinic. I will receive decisions to my grievances in writing and have the right to appeal the findings to unbiased sources.
16. To inspect my records subject to the following limitations:
  - I request in writing to review my records
  - All secondary information will be removed from the record prior to allowing me to review my record. This information must be placed back in the record immediately following my review.
  - A clinical employee will supervise the review. Once I review my record a note will be entered that the process was completed.
  - I will be asked to sign a form that will verify I was allowed the right to inspect my record.
  - The Medical Director may temporarily remove portions of the records prior to the inspection if he/she determines that the information maybe detrimental to my treatment if presented to me. Reasons for removing sections will be documented and kept on file.
  - I have the right to appeal a decision limiting access to the records through the grievance process.
  - I have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information in my records.
  - I have the right to submit rebuttal data or memoranda to my own records.
  - I have the right to request copies of my record and within 5 business days be provided with a copy. ( A reasonable fee may be charged to you.)
17. To not be restrained or secluded however, in the event that my behavior becomes unruly or a threat to the safety of other patients or staff, proper authorities may be contacted to remove me from the clinic. I will not be deprived of any civil right solely by reason of treatment.
18. To not be subjected to: physical abuse, sexual abuse or harassment and physical punishment; psychological abuse, including humiliating, threatening and exploitative actions; financial exploitation.
19. To receive services in accordance with standards of professional practices that are appropriate to my needs.
20. To be afforded reasonable opportunity to improve my condition.
21. To receive humane care and protection from harm.
22. To exercise my constitutional, statutory, and civil rights that have been denied or limited by an adjudication or finding of mental incompetence in a guardianship or other civil

proceeding. [This does not validate the otherwise viable act of an individual who was: (1) Mentally incompetent at the time of the act; and (2) Not judicially declared to be mentally incompetent.]

23. Before being asked to consent to participate in a research project, to be informed of the benefits to be expected; the potential discomforts and risks; alternative services that might benefit me; the procedures to be followed, especially those that are experimental in nature; and my right to refuse to participate in any research project without compromising my access to the agencies services.

### **Having Input at Piller Child Development**

Piller Child Development wants feedback and input from you and your family, so in addition to routine communication with your counselor, the staff and program administrators, you can communicate with us in a number of other ways: The Patient Advocacy Representative, patient surveys and questionnaires, patient suggestions, and patient grievances.

### **Patient Satisfaction Survey**

Your input is valuable to us as an organization. Patient input allows us to work to improve our procedures and services to better meet the needs of the clients we seen. A patient satisfaction survey is available online for anonymous submission. A person may fill out the survey at anytime. The survey is available on our website at [www.PillerChildDevelopment.com](http://www.PillerChildDevelopment.com).

### **Patient Grievance**

It is the policy of Piller Child Development to afford its patients the opportunity to pursue a resolution to any concerns in a structured format that provides fair and equitable process. You will be informed of the Piller Child Development grievance procedures during orientation to treatment services. In addition, you have received this Patient Handbook which details the procedure. Laminated signs detailing the grievance process are in plain view throughout the clinic.

As a patient you are encouraged to voice your complaint and/ or grievances, if you believe that your rights as a patient have been violated. Piller Child Development encourages the resolution of day to day issues informally between you and your primary counselor. If the problem cannot be resolved to your satisfaction, your primary counselor will advise you of the grievance procedure outlined in this written plan.

You, your guardians or your attorney may file a grievance.

When you want to file a grievance, if needed you will be given another copy of this handbook.

When you file a grievance you will in no way be subject to disciplinary action or reprisal in any form, including denial of services, loss of privileges.

During the formal grievance process, you may be provided assistance by a representative of your choice. You will also be entitled to review any material obtained in the process of the grievance, except where it would violate another patient's confidentiality. You have the right to present witnesses with information that is pertinent to the grievance, and are entitled to receive written findings and recommendations.

The burden of proof is on Piller Child Development to demonstrate compliance with policies and standards to ensure your rights.

### **The Steps Of Grievance Process**

#### **LEVEL ONE - CLINIC LEVEL**

1. A written grievance will be filed with the director of the clinic in the event that the patient cannot resolve the issue informally.
2. If the grievance involves the Director or there is an allegation of misconduct by an associate, the grievance will go directly to Level II.
3. The director, or designee, will arrange a meeting with the patient within 2 business days of the filing of the grievance and work toward a resolution with the patient. In the event, the patient does not agree or is unwilling to meet (face-to-face) with the director or designee within 2 business days, then the director may extend the prerequisite to accommodate the patient's documented request.
4. The Director will issue a written response to the patient within 5 Business days of filing the grievance.
5. The patient's record will reflect documentation of the grievance, the meeting with the patient, and the outcome of the meeting.
6. A Copy of resolved Level I grievance will be given to the Patient Advocate for data analysis and knowledge management.

#### **APPEAL OF INITIAL DECISION**

##### **LEVEL TWO**

If the patient is unsatisfied with the findings at the Clinic level, the patient or consented representative may appeal the decision in writing or verbally to the Patient Advocate within 5 days of receiving the decision from the clinic. Clinic directors will be notified of the Level II grievance. The Patient Advocate and a clinic representative will compile information and present their findings to the Corporate Grievance Team. The information being collected will entail and not be restricted to:

- \* Discussion with the patient
- \* Review of the patient's record
- \* Discussion with sector director or
- \* Any additional associates

7. The Lead Therapist will review the patient's medical chart and make recommendations directly to the lead therapist.
8. Any action taken against the grieving patient will be interrupted until a final determination of the investigation is made at the corporate level.

Exceptions:

\* The clinic's medical director can make an exception if the medical benefit outweighs the postponement. In these unique situations, a clinical note will indicate the reason for the exception in the patient's record.

\* If the Program Director, Lead Therapist, and Clinical Supervisor agree that a patient must be immediately discharged with or without detoxification, due to imminent health and safety issues, then action against the patient will not be interrupted until an investigation is complete. The clinic will make every effort to refer or transfer the patient to another program or level of care if there are ongoing medical and/or psychological concerns. In the instance of take home revocation - no reinstatement will be made until final determination of investigation.

9. The Corporate Grievance Team will be assembled. The Grievance team will make a determination as to whether or not there is a need for an investigation by the Corporate Compliance team. If there is a need for an investigation then the Chair of the Grievance Team will forward the grievance, with the grievance teams' findings to the Corporate Compliance Officer. The Corporate Compliance Officer will be responsible for providing the patient with any subsequent written formal responses.
10. If there is NO need for an investigation by the Corporate Compliance Team, the recommendations of the Corporate Grievance Team will be sent to the Chief Operating Officer for review. If consensus is reached, the patient will receive a formal written response from the Grievance Team Chair. In the event the Corporate Grievance Team and Chief Operating Officer are unable to reach consensus, then the Chief Executive Officer will be petitioned to review the disputed items and make a final ruling.
11. Corporate Grievance Team's findings will be documented.

### **APPEAL OF CORPORATE GRIEVANCE OR COMPLIANCE TEAM DECISION LEVEL III**

If an investigation by the Corporate Compliance Team was not warranted and the patient is not satisfied with the Level II - Corporate Decision, then the patient will be instructed to contact the Patient Advocate for further assistance. The Patient Advocate will attempt to resolve the patient's grievance a final time. In the event that the Patient Advocate can not resolve the matter internally, then they will provide the patient with phone numbers to the appropriate independent external agencies.

A formal written response will be provided to the patient from the Corporate Grievance Team

All associates will be trained in the implementation of the grievance process.

Any grievance against specific associates will be handled in accordance with personnel policies.

A designated Corporate Grievance Team member will maintain a grievance log, which contains:

- \* Date of complaint
- \* Nature of complaint