

# CHILDREN'S BUREAU OF NEW ORLEANS

## DETAILED NOTICE OF PRIVACY PRACTICES

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

**If you have any questions about this notice, please contact our office at 504-525-2366.**

### **THE CHILDREN'S BUREAU OF NEW ORLEANS'S PLEDGE REGARDING PROTECTED HEALTH INFORMATION:**

We understand that health information about you and your health care is personal. We are committed to protecting health information about you, keeping it secure and private. We create a record of the care and services you receive from Children's Bureau of New Orleans. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. We are also required by law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "protected health information").

The law also requires that we provide you with this Notice of Privacy Practices. This notice will tell you about the ways in which we may use and disclose your protected health information. This notice also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to comply with the provisions of this notice currently in effect, although we reserve the right to change the terms of this notice from time to time in accordance with federal and state laws and to make the revised notice effective for all protected health information we maintain. Should we make such a change, you may obtain a revised notice from your Counselor or the Children's Bureau office.

### **HOW MAY WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

#### **A. Routine Permitted Uses and Disclosures Without Written Authorization**

We may use and disclose your protected health information for the purposes of treatment, payment, and healthcare operations. For each of these categories, we have explained what we mean and given some examples below.

- **For Treatment** – Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment. We may disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.
- **For Payment** – We may use and disclose your protected health information so that the treatment and services you received at Children's Bureau of New Orleans may be billed to, and payment may be collected from, you, an insurance company, a governmental agency, or another appropriate third party. For example, we may need to give the state, parish, or city information about services you received at Children's Bureau of New Orleans so that a government agency will pay us for the services we provided.
- **For Healthcare Operations** – We may use and disclose your protected health information for Children's Bureau healthcare operations. These uses and disclosures are necessary to run the organization and make sure that all of our clients receive quality care. For example, we may use your protected health information to review our treatment and service, and to evaluate the performance of our staff in caring for you. We may also combine health information about many Children's Bureau clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to professionals in training, and other organization personnel, for review and learning purposes.

## B. Other Permitted Uses and Disclosures Without Written Authorization

Subject to certain limitations in the law, Children's Bureau can use and disclose your PHI without your Authorization for the following reasons:

- **Appointment Reminders** – In some cases, we may use and disclose your protected health information to contact you as a reminder that you have an appointment for treatment or services at Children's Bureau.
- **Treatment Alternatives** – We may use and disclose your protected health information 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 use and disclose your protected health information to tell you about health-related benefits or services that may be of interest to you.
- **Research** – Under certain and special circumstances, we may disclose your protected health information to researchers when their 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.
- **Required By Law** – We must and will disclose your protected health information when required to do so by federal, state and local law. For example, we must disclose to a public health or other appropriate government authority certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease) as required by law.
- **Health Oversight Activities** – We may use and disclose your protected health information in connection with audits, government inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system.
- **Legal Proceedings** – We may use and disclose your protected health information for judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or a discovery request.
- **Business Associates** – We may disclose your protected health information to persons who perform functions, activities, or services for us or on our behalf that require the use or disclosure of protected health information. To protect your health information, we require such business associates of ours to appropriately safeguard your information.
- **Other Special Circumstances**
  - a) Workers' compensation purposes and in compliance with related laws.
  - b) To avert a serious threat to the health and safety of a person or the public at large.
  - c) For military, national defense and security, and other government functions.
  - d) For law enforcement purposes in limited situations, such as when information is needed to locate a suspect or stop a crime.

## C. Uses and Disclosures That May be Made Either With Your Agreement or Opportunity to Object

- If we obtain your verbal agreement, or give you an opportunity to object and you do not, 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 your protected health information to notify or assist in notifying a family member, personal representative, or other person that is responsible for your care of your location or general condition.
- We may use the telephone number(s) you provide us to leave voice messages. We may send you SMS/text messages to a phone number provided with your consent. You have the right to opt-out of receiving SMS/text messages at any time. **SMS Terms and Conditions:**
  - **SMS Consent Communication:** The information/phone numbers obtained as part of the SMS consent process will not be shared with third parties for marketing purposes. We do not pass any individual's consent to receive SMS / text messages from Children's Bureau to any third party. We do not share phone numbers with third parties for the purpose of allowing those third parties to send SMS/text messages.
  - **Types of SMS Communications:** If you have consented to receive text messages from Children's Bureau, you may receive messages related to appointment reminders from staff and/or other follow-up messages as requested.
  - **Message Frequency:** Message frequency may vary depending on your request for communication and may include weekly appointment reminders.
  - **Potential Fees for SMS Messaging:** Please note that standard message and data rates may apply, depending on your carrier's pricing plan.
  - **Opt-In Method:** You may opt-in to receive SMS messages from Children's Bureau by completing a paper consent form. If you initiate a conversation through SMS text message with a staff member you will receive a message to confirm your opt-in to messaging "Thank you for choosing to receive messages from Children's Bureau of New Orleans. Message and data rates may apply. Message frequency varies. To confirm opt in, text START" To opt out, text STOP. For assistance, text HELP or email [helpdesk@childrensbureauola.org](mailto:helpdesk@childrensbureauola.org). You can find more information about our privacy practices at [www.childrensbureausbureauola.org](http://www.childrensbureausbureauola.org)"
  - **Opt-Out Method:** You can opt-out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. You will receive a message confirming receipt of your request and notifying you that no further messages will be sent. Alternatively, you can contact us directly at [helpdesk@childrensbureauola.org](mailto:helpdesk@childrensbureauola.org), or call 505-525-2366 to request removal of consent to receive SMS/text messaging..

## D. Uses and Disclosures Based Upon Your Written Authorization

- **Psychotherapy Notes** – We must obtain your written authorization for most uses and disclosures of psychotherapy notes.
- **Marketing** – We must obtain your written authorization to use and disclose your protected health information for most marketing purposes.

- **Sale of Protected Health Information** – We must obtain your written authorization for any disclosure of protected health information that constitutes a sale of protected health information.
- **Other Uses and Disclosures** - Any other use or disclosure of your protected health information, other than those listed above, will only be made with your written authorization (unless otherwise permitted or required by law). **Authorizations may be revoked at any time, in writing, except to the extent that we have already used or disclosed health information in reliance on that authorization.**

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you. Please contact the Children’s Bureau of New Orleans office if you have any questions about your rights:

- **Right of Access to Inspect and Copy:** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary. As permitted by federal or state law, we may charge you a reasonable fee for a copy of your record. You must submit your request in writing. All requests to inspect and copy health information will be responded to within 30 days of the written request (with up to a 30-day extension if needed). There are situations in which we may deny your request for access to your protected health information. Depending on the circumstances of the denial, you have a right to have such decisions reviewed.
- **Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, you have the right to request an amendment to the information for as long as we maintain this information. You must submit your request in writing. The request must include the reason for the request and any supporting documentation. If we deny your request for amendment, you have the right to file a statement of disagreement with us.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures we have made, if any, of your protected health information. This right applies only to disclosures for purposes other than for treatment, payment, or health care operations as described in this Notice of Privacy Practices, or for which you provided Authorization. You must submit your request for an accounting of disclosures in writing and your request must be for a period no longer than 6 years. You have the right to one free request per year but may be charged a reasonable fee if more than one request is made in the same year.
- **Right to Request Restrictions:** You have the right to request that we restrict how we use and disclose your health information that we have for treatment, payment, or healthcare operations, or to restrict the information that is provided to family, friends, and other individuals involved in your care. We are not required to agree with your request, except we must agree not to disclose your protected health information to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service that you paid for in full yourself. If we agree to the requested restriction, we may not use or disclose your protected health information unless it is needed to provide emergency treatment. You must submit your request to restrict disclosures of your protected health information in writing. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you by telephone or by mail or that we only contact you at work or at home. We will accommodate all reasonable requests. You must submit your request for confidential communications in writing.
- **Right to Notification in the Case of a Breach:** We will notify you if you are affected by a breach of unsecured protected health information.
- **Right to Obtain a Paper Copy of This Notice:** You have the right to receive a paper copy of the *Notice of Privacy Practices*. To obtain a paper copy, ask your Counselor or request a copy from the office.
- **Right to Opt Out of Fundraising Communications:** We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

If you believe your privacy rights have been violated, you may file a complaint by contacting the Children’s Bureau office at 504-525-2366 or 935 Calhoun Street, Suite 101, New Orleans, LA 70118. You may also file a complaint with the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. We will not retaliate against you in any way for filing a complaint.

**EFFECTIVE DATE: 7/1/2021**

Updated: 10/2024; 12/2024