This notice describes how medical information about you and your child may be used and disclosed, and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

understanding your child’s protected health information:

CCBT staff takes notes after each session with you or your child. They will record what they think is your child’s condition and how they plan to care for him/her. Your child’s health record has information that can identify him or her. This kind of information is called “Protected Health Information” (and will be referred to PHI in this document). Your child’s name and date of birth are types of PHI. If you know what is in your child’s health record you can better protect your child’s PHI. You can also ask how PHI will be used. You can decide if PHI should be disclosed. You can make sure that the health record is accurate.

WHEN IT COMES TO YOUR CHILD’S HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS:

GET A PAPER COPY OF YOUR CHILD’S MEDICAL RECORD

- You can ask to see or get a paper copy of your medical record and other health information we have about your child. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about your child that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

CHOOSE SOMEONE TO ACT FOR YOU

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

GET A COPY OF THIS PRIVACY NOTICE

- You can ask for a paper copy of this notice at any time. We will provide you and your child with a paper copy promptly.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we have shared your child’s health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
YOUR CHOICES
understanding what options you have about the health information we share

FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE

- If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO

- Share information with your family, close friends, or others involved in your child’s care
- Share information in a disaster relief situation

If you or your child are not able to tell us your preference, for example if you or your child are unconscious, we may go ahead and share your child’s information if we believe it is in you or your child’s best interest. We may also share your child’s information when needed to lessen a serious and imminent threat to health or safety.

IN THESE CASES WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION

- Information related to your child’s diagnosis and treatment
- Most sharing of psychotherapy notes

OUR USES & DISCLOSURES
understanding how we typically share your child’s health information

WHEN PROVIDING TREATMENT TO YOU

- We can use your child’s health information and share it with other professionals who are treating him/her.
  - For example: A CCBT professional notes your child’s and the treatment team’s progress in the health record. We routinely monitor progress towards your child’s therapy goals.

BILLING FOR SERVICES

- Children who are self-referred for services may pay with cash or personal check. While we maintain confidentiality of all client records, please note that a personal check paid to the “University of Hawaii” will disclose to the bank that you had made a payment to us.
  - For example: Once your check has been processed for payment by the University of Hawaii, your bank statement will indicate a transaction payment to the “University of Hawaii.”
OUR RESPONSIBILITIES
understanding the responsibilities we have for you

- We are required by law to maintain the privacy and security of your child’s protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your child’s information.
- We must follow the duties and privacy practices described in this notice and give you and your child a copy of it.
- We will not use or share your child’s information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

- We can change the terms of this notice, and the changes will apply to all information we have about your child. The new notice will be available upon request in our office.
For More Information or to Report a Problem
please contact the following persons

- If you need more information or want to file a privacy complaint, contact the CCBT Privacy Coordinator:

CCBT Privacy Coordinator
2530 Dole St. Sakamaki C-400
Honolulu, HI 96822
(808) 956-9559

- You can also file a privacy complaint with the U.S. Department of Health and Human Services. You may contact them at:

Office of Civil Rights
U.S. Department of Health and Human Services
90 7th Street Suite 4-100
San Francisco, California 94103
Phone: (415) 437-8310; (415) 437-8311 (TDD)
Fax: (415) 437-8329
E-mail: www.hhs.gov/ocr

- No one will face retaliation for filing a complaint.

YOUR SIGNATURE
your understanding of the privacy

My signature below indicates that I have been provided with a copy of the notice of privacy practices.

NAME: ____________________________________________________________

SIGNATURE: ______________________________________________________

DATE: _____________________________________________________________

RELATIONSHIP TO CHILD: __________________________________________

CHILD’S NAME: _____________________________________________________

SIGNATURE: ______________________________________________________

DATE: _____________________________________________________________

EFFECTIVE DATE: 4/18/2015
DISTRIBUTION: ORIGINAL TO CCBT
COPY: TO PARENT/GUARDIAN
REVISION DATES: 4/18/2015