



Center for Developmental Services, Inc. Notice of Privacy Practices

Purpose: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT THE PATIENT/CLIENT (YOU OR YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Clarity

KidVentures of Thrive
Upstate

Prisma Health:
• Developmental
Pediatrics
• Kidnetics
• Wonder Center
• Prosthetics &
Orthotics

Project Hope
Foundation

Our commitment to your privacy:

CDS is dedicated to maintaining the privacy of our clients' health information. We are required by law to maintain the confidentiality of health information. In keeping with these laws, we must provide you with the following information:

Use and disclosure of health information in certain circumstances:

CDS manages medical information for CDS Case Management located in this facility. All other organizations listed to the left are handled by the respective agency. CDS may regularly use our client's medical information for treatment, payment and health care operations. For example, we are permitted to use health information in preparing for an evaluation and in providing medical care when you visit our facility; for the purposes of billing or receiving payment for services; and in the regular operation of our facility, such as running statistical reports or working with partner agencies to make business decisions. We may also use protected health information to contact you about appointment reminders or treatment alternatives, or to mail you CDS newsletters and solicitations. We may also disclose health information to third parties (for example, the doctor who referred you or your child to us; or your insurance company) for treatment or payment purposes without your prior authorization.

In addition, we may be required to use or disclose your child's health information in these circumstances without your authorization:

1. To public health authorities and health oversight agencies that are authorized by law to collect information;
2. For lawsuits and other legal proceedings in response to a court or administrative order;
3. When required by a law enforcement official;
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. In this case we will only make disclosures to a person or organization able to help prevent the threat;
5. To the coroner or a medical examiner;
6. To federal officials for intelligence and national security activities authorized by law;
7. For Workers Compensation and similar programs.

In any other situation, we will ask for your written authorization before using or disclosing protected health information. If you choose to sign an authorization to disclose information, you may later revoke that authorization in writing to stop any future uses and disclosures.

Your rights regarding your child's health information:

- You have a right to receive this notice of privacy practices. At any time, you may request a copy of this notice from the front desk receptionist.
- In most cases you have a right to view or get a copy of your child's health information. Requests for copies must be made in writing to the agency providing services.
- You have a right to provide us with an authorization for uses and disclosures in addition to regular treatment, payment or administrative purposes. CDS will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
- You have a right to view a list of instances in which we have disclosed your child's health information for reasons other than treatment, payment or related administrative purposes.
- If you believe the information contained in your child's record is incorrect or incomplete, you have the right to request that the agency providing services amend the existing information or add the missing information. These requests must be made in writing to the agency providing the service, and the request must state the reason you believe the information should be amended or added.
- You have the right to request that your child's health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
- You may request that we do not use or disclose your child's information for treatment, payment or administrative purposes. Requests for restriction of disclosure must be made in writing to the agency providing services. We will consider your request but are not required to grant it.
- If you believe that we have violated your privacy rights, or you disagree with a decision we have made about access to your child's records, you may contact our Executive Director, Dana McConnell, 29 North Academy Street, Greenville, South Carolina 29601 (Tel. 864-331-1307). You may also send a written complaint to the U.S. Department of Health and Human Services (our Director of Operations can provide you with this address if you request it). We will not withhold treatment or retaliate against you in any way if you make a complaint.

We reserve the right to change the practices and terms of this notice. Changes made will be effective for the information we already have about your child as well as any information we receive in the future. If we make major changes in our policies, we will post the new notice in the lobby. If you have any questions about our privacy policies, contact Dana McConnell, 29 North Academy Street, Greenville, South Carolina 29601 (864-331-1300).