



## HIPAA Privacy Policy

### **1. Purpose**

This notice applies to individuals, or legal guardians or parents of minor children receiving services from Allies in Caring, Inc. and describes how medical information about you may be used and disclosed and how you can get access to this information. This brochure explains your rights and the process of complaining if you believe your rights have been violated. Please review it carefully.

### **2. Scope**

- This policy applies to all Allies in Caring, Inc. employees, management, contractors, student interns, and volunteers.
- This policy describes the organization's policy regarding maintaining the privacy of patient information

### **3. Your rights as a patient**

Although your health record is the physical property of Allies in Caring, Inc. the information in your health record belongs to you. You have the right to:

- Availability of records. You have the right to obtain a copy of your paper or electronic medical record or to inspect your records/protected health information
- Request confidential communication
- Get a copy of this privacy notice
- Complaint. We will investigate your complaints
- Civil rights. Your civil rights are protected by federal and state laws
- Cultural/spiritual/gender issues. You may request services from someone with training or experience from specific cultural, spiritual or gender orientation. If these services are not available, we will help you in the referral process
- Treatment. You have the right to take part in formulating your treatment plan
- Denial of services. You may refuse services offered to you and be informed of any potential consequences.

### **4. Our Responsibilities**

- We dedicate ourselves to serving the best interest of each client

- We will not discriminate between clients based on age, race, religion, disabilities, preferences or personal concerns.
- We maintain an objective and professional relationship with each client
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.
- We are required by law to maintain the privacy and security of your protected health information.
- We are required to always lock our vehicles to keep your private records safe and out of sight when traveling to/from all clients' homes. Once we reach our destination, we make sure all items are accounted for and stored securely.
- Minors 14 years of age and older capable of consenting to service independently and claim the privilege of confidentiality. Information about the service provided to individuals 14 years of age and older will not be released to a parent or any other person without the consent of the young person.
- Confidentiality and privilege are limited in cases involving the child in abuse, neglect molestation or danger to self or others.

## **5. Use and/or disclosure of protected health information (PHI)**

Routine uses include:

- Plan and provide your care and treatment.
- Communicate with other health care professionals who care for you.
- Obtain reimbursement from Medicaid or government programs.
- Verify that services billed were actually provided.
- Assess and improve the services provided and the outcomes achieved.

## **6. Complaints**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your confidential information, you may file a complaint with the person listed below. You also may send a written complaint to [privacy@alliesincaring.org](mailto:privacy@alliesincaring.org).

## 7. Contact Information

If you have any questions about HIPAA or our privacy practices, please contact us:  
Allies in Caring, Inc. 100 S Second Street, Hammonton NJ. 08037. P: 609-561-8400

Print First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

By signing here, you acknowledge you received this document