



## NOTICE OF PRIVACY PRACTICES SUMMARY

This notice describes how health data about you may be used and shared by First 5 Alameda County Every Child Counts, and how you can get access to this data. *IMPORTANT NOTE: This one page document is a summary only and does not include all of the details about our privacy policy. For more details on all sections, please read the attached notice.*

- I. **Consent to Share Information.** We are authorized by law to share your health information and that of your child with health care providers that are our contract partners for the purposes of providing you with services. Your written consent to do this is not required, but you will be given the opportunity to indicate which partners you wish to have this information shared with. The Consent to Share Information form is used for this purpose. No other disclosures will be made without your authorization unless the law requires disclosure.
- II. **How we may use and share health data about you:**
  - **Treatment** - We may use or share your health data to give you medical treatment or other types of health services, such as well family visits and additional case management services
  - **Payment** – In some cases Every Child Counts will bill third parties for reimbursement, we may use or share your health data to obtain this reimbursement.
  - **Health Care Operations** - We may use and share health data about you for our own operations such as quality control, compliance monitoring, outcome evaluation, audit, etc.
- III. **Disclosures of private health information where you are not given a chance to agree or object:**
  - **As required by federal, state, or local law**
  - **If child abuse or neglect is suspected**
  - **Public Health risks** - for public health activities to prevent and control of disease
  - **Lawsuits and disputes** - in response to a court or administrative order
  - **Law enforcement** - to help law enforcement officials respond to criminal activities
  - **Coroners, medical examiners and funeral directors**
  - **To avert a threat to individual or public health or safety**
- IV. **Disclosures of private health information where you are given a chance to agree or object:**
  - **Patient directories** - You can decide what health data, if any, you want to be listed in patient directories
  - **Persons involved in your care or payment for your care** - We may share your health data with a family member, a close friend or other person that you have named as being involved with your health care.
- V. **Other uses of health data:** Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.
- VI. **You have the following rights related to your health information. The right to:**
  1. Inspect your case management record and to receive a copy upon request. Restrictions apply.
  2. Request an amendment to the information in your case management record.
  3. Receive an accounting of disclosures of your health information, under certain circumstances.
  4. Limit disclosures of your health information.
  5. Receive a paper copy of the complete Notice of Privacy Practices

### NOTICE OF PRIVACY PRACTICES RECEIPT

I acknowledge that I have received the Notice of Privacy Practices of First 5 Alameda County Every Child Counts

Signature of Client  
or representative \_\_\_\_\_

Date \_\_\_\_\_

Print Client Name \_\_\_\_\_

Client Birth Date \_\_\_\_\_