

Notice of Privacy Practices

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

Who Will Follow This Notice.

This notice describes our facility's information privacy practices. Any health care professional authorized to enter information into your file or record and all employees, staff and other personnel will follow the terms of this notice. In addition, these individuals may share health information with each other for treatment, payment or operations described in this notice or as otherwise permitted or required by law. Information will be shared as necessary to carry out treatment, payment and health care operations.

Our Pledge Regarding Health Information.

We understand that medical information about you and your health is personal. We are committed to protecting the medical information about you. We create a record of the care and services you receive in our facility. 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.

We are required by law to:

- * Make sure that health information that identifies you is kept private.
- * Give you this notice describing our legal duties and privacy practices with respect to health information about you; and
- * Follow the terms of the notice that is currently in effect.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical condition and related health care services.

Changes to This Notice:

We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice provisions effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities, which will contain the effective date. In addition, each time you are in our facility for treatment we will have available for you a copy of the current notice in effect and provide you with a copy of the notice at anytime upon your request.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services. You must submit all complaints in writing. We will not retaliate against you for filing a complaint.

How We May Use and disclose Your Medical Information:

The following categories describe different ways that we use and disclose health information. Each category of uses or disclosures will be explained, but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. When required by applicable law, we will obtain your authorization before disclosing any of your information, which authorization may be revoked by you at anytime unless we have taken action in reliance on such authorization. Only the minimum necessary information will be revealed during any such disclosures.

For Treatment: We may use health information about you to provide you with treatment. We may disclose health information about you to doctors, residents, nurses, counselors, physician assistants, nurse practitioners, admissions and billing office staff, or other personnel who are involved in taking care of you. We also may disclose health information about you to people outside the facility who may be involved in your medical care, such as a designated family member or others we use to provide services that are part of your care, such as your HMO and your social service caseworker.

For Payment: We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell you or your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations: Your protected health information will be used and disclosed, as necessary or appropriate, in order to support our business activities and health care operations, or, in certain circumstances, the healthcare operations of another person or entity also involved in your care. These healthcare operations activities may include, without limitation, quality assessment activities, employee review activities, and/or the training of students.

Business Associates: There are some services provided in our organization through contracts with business associates. We may disclose your health information to contracted health service providers involved in your care or to a copy service we use when

making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to be contractually obligated to appropriately safeguard your information.

Uses and Disclosures for De-identification: We may use or disclose your protected health information to create, use or disclose health information that is not individually identifiable as your health information.

Disclosures for Limited Data Sets: We may use a limited data set, which contains protected health information about you, but excludes information directly identifying you, for the purposes of research, public health and our healthcare operations. We will execute a data use agreement, as required by law, with the recipient of the limited data set to establish the permitted uses and disclosures of your protected health information and ensure such information is only used and disclosed for limited purposes.

Others Involved In Your Healthcare: Unless you object, we may disclose to your family members, relatives, close personal friends or any other person(s) you identify, your protected health information that directly relates to such person's involvement in your health care or payment for such health care. If you are not present or are otherwise unable to agree or object to such a disclosure for any reason, we may disclose your protected health information as necessary if we reasonably determine that it is in your best interests based on our professional judgment. We may also use or disclose your protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition.

As Required by Law: We will disclose minimally necessary health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose minimally necessary health information about you when we believe such disclosure is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations:

To report maltreatment of minors and maltreatment of vulnerable adults;

To report reaction to medication or problems with products;

To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or

To notify the appropriate government authority if we believe a client has been the victim of domestic violence. We will make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose minimally necessary health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement: We may release minimally necessary health information about you if asked to do so by a law enforcement official:

In response to a proper court order or legal process;

In response to a subpoena for a member of Kids Abilities, Inc. staff;

About criminal conduct involving our facility; and

In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime if the crime is on Kids Abilities, Inc. premises or against Kids Abilities, Inc. personnel.

Your Rights Regarding Health Information About You: You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Kids Abilities, Inc. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing, and any other supplies associated with your request.

Right to Amend: If you feel that any of the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility.

To request an amendment, your request must be made in writing and submitted to Kids Abilities, Inc.

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- * Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- * Is not part of the health information kept by our facility;
- * Is not part of the information which you would be permitted to inspect and copy; or
- * Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures that contains certain information regarding the disclosures we have made of your health information. We are not required to account for routine disclosures for example, disclosures between Kids Abilities, Inc. staff regarding your care.

To request an accounting of disclosures, you must submit your request in writing to Kids Abilities, Inc.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will charge you for the cost of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.

Right to a Copy of This Notice: You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. Finally, you have the right to request a restriction on the people who are able to obtain the information we disclose. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction or limitation, your request must be made in writing.

If you have any questions about this Notice please contact our Privacy Officer.

Kids Abilities, Inc.
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Effective Date: 4/14/03