

Privacy Statement



This statement tells how we protect your confidentiality and how and when we share

information about you in order to give you the best service possible. When we visit you, or talk to you on the phone, or help you with other agencies, we keep records to describe what happened and what was discussed, so we can remember what we are working on with you and your family. This is considered private information and is kept in locked cabinets in our office, where only CHIP staff have access to these files, unless you approve in writing, the sharing of that information.

You have the right

- To know what is in your records and who we share them with. You can get a copy of any of your records, by sending a request in writing to: Jon Nafziger, Executive Director, Jefferson Area CHIP, 1469 Greenbrier Place, Charlottesville VA 22901. Please give us a week to respond.
- To ask us to correct information about you that you think is incorrect or incomplete. Sometimes we may not feel we can change your record, but we'll tell you why in writing within 2 weeks.
- To tell us who we can and cannot share your information with, by indicating on the Consent to Exchange Information form when you enroll. You can change your mind and/or revoke this consent at any time.
- To ask in writing for a list of all the times we have shared your information, with whom, and why, going back as far as six years. We will respond within 30 days.
- To receive a copy of this privacy statement.
- To complain to us if you feel we have violated your privacy rights. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- To still receive all CHIP services, even if you do not sign this statement or a Consent to Exchange Information. We will never retaliate against you for filing a complaint.
- To tell us which, if any, of your family members or friends you would like us to share information with or include when we make home visits or set goals together.
- To tell when and how you want us to communicate with you (phone, text, email, etc) and we will honor your wishes if at all possible.

Ways we share

- With other agencies (e.g. applying for preschool or financial assistance) in order to help you qualify for services.
- With your doctor to ensure you and your child receive the best care possible.
- With your insurance company if they reimburse us for our work with you (these are special programs and you can choose later if you want to enroll).
- When we are required by law (if there is a court order).
- If we suspect child abuse or neglect and we are required by law to report our concerns. We usually let you know about this ahead of time and will continue to work with you to address those concerns. If we believe you are a victim of abuse or domestic violence we will try to get you help.
- With our program funders, to show that we are meeting program standards, and to measure if families are better off after working with CHIP
- In the event of a medical emergency, if we are with you or transporting you.
- If you are a minor, we may need to share your health information with your parent.