

**School Readiness
Pre-School Vision Screening
United Way of Westmoreland County
Use of Information Notice**

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. The School Readiness Pre-School Vision Screening program of the United Way of Westmoreland County respects and protects information that you provide to us so that we can provide services to you (your child.) This form explains how we use and protect your information.

Specifically, HIPAA outlines rules and restrictions on who may see or be notified of your Protected Health Information (PHI). Please know that these restrictions do not include the normal interchange of information necessary to provide you (your child) with the Pre-School Vision Screening program services. Even so, we do consider and balance HIPAA guidelines with our goal of providing you (your child) with quality service and care. Additional information is available from the U.S. Department of Health and Human Services, www.hhs.gov.

The United Way of Westmoreland County's School Readiness Pre-School Vision Screening program has adopted the following policies with regard to the use, sharing and protection of recipient information:

1. Children's information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to services are handled appropriately. This specifically includes the sharing of information with volunteers, other human service agencies and community organizations, healthcare providers and others as is necessary and appropriate. Vision Screening files may be stored in unlocked filing cabinets, but are housed in locked offices. Files may contain information that identifies a child's condition or information which is not already a matter of public record. The normal course of providing service means that such records may be left, at least temporarily, in administrative areas such as the program staff office. Those records will not be available to persons other than program staff and volunteers involved in the provision of service or program administration. You agree to the normal procedures utilized within the program for the handling of files, recipient records, PHI and other documents or information.
2. The program utilizes a number of volunteers and vendors in the conduct of business. These volunteers and vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
3. You understand and agree to inspections of the program and review of documents which may include PHI by government agencies in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the program director.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide recipients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of both the program and the Vision Screening recipients.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the program concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

If you want more information about our privacy practices or have questions or concerns, please contact us at:

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