



Use and Release of Client Information by Compassion in Action - USA

Compassion in Action – USA is committed to providing personal advocacy services without cost to our community members who are struggling with a health-related crisis. We will provide assistance to each person until they have received the medical services they are eligible for so that they may live in dignity. An essential aspect of our mission is to provide services in a way that protects each person’s ethical and legal rights. The following statement outlines the various ways that members or volunteers in Compassion in Action – USA handle the personal, health, and financial information of clients. At the end of the statement, you will be asked to indicate that you received a copy of this written Use and Release of Client Information from Compassion in Action – USA.

Our Pledge Regarding Client Information

The representatives of Compassion in Action – USA, have the opportunity to meet and share information among community members and their families, government offices, nonprofit organizations, and other representatives of Compassion in Action – USA. We are committed to protecting the personal, health, and financial information our clients provide everywhere at all times. The standards of compliance and ethics detailed below provide a level of protection similar to a hospital setting like UCLA. Compassion in Action – USA acknowledges Healthcare for general guidance on the details contained in this statement. Areas that have been identified as important compliance areas by the Federal Government were also a consideration in the preparation of this statement.

This notice tells you about the ways in which we may use and disclose personal, health, and financial information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

Each representative of Compassion in Action – USA has endorsed a written CODE of CONDUCT and is aware of the ethical and legal issues surrounding the protection of your personal, health, and financial information. Each representative will operate consistent with this CODE of CONDUCT and with the statements contained in this notice.

How We May Use and Disclose Personal, Health, and Financial Information About Our Clients

The following sections describe different ways that we may use and disclose your personal, health, and financial information. We will describe each category of uses and disclosures and give some examples. Although not every possible use or disclosure is listed, all of the ways we are permitted to use and disclose information will fall into one of these categories.

For Procurement of Benefits and Services

Foremost, Compassion in Action – USA is committed to assisting you in obtaining the benefits and services for which you are eligible. This often requires the preparation of detailed personal, health, and financial information to demonstrate eligibility for benefits and services. Representatives of Compassion in Action – USA may contact you to request necessary information to obtain benefits and services. This documentation is provided to appropriate government agencies such as Social Security, Medi-Cal, and congressional offices as needed to obtain benefits and services. This includes workers’ compensation or similar programs which provide benefits for work-related injuries or illness. In all cases, an authorization for release and use of client information will be obtained from the client prior to the exchange of client information.



For Treatment and Evaluation

Often, Compassion in Action – USA will need to exchange information with doctors, nurses or other medical personnel who have been involved in taking care of you. For example, we may need to obtain information from a doctor to substantiate a disability claim to the Social Security Department. We may also need to exchange information with agencies and facilities that provide other things you might need for treatment or evaluation, such as community agencies and family members. For example, if you need a wheel chair, we may request a donation from another community agency. In all cases, an authorization for release and use of client information will be obtained prior to the exchange of client information.

For Research and Reporting

Compassion in Action – USA may use personal, health, and financial information to improve our services to our clients or contribute to public knowledge. This could include using information about our clients in order to obtain grants, do program evaluation, or release public information documents. All clients will be asked to fill out a Client Satisfaction Survey to provide feedback to Compassion in Action – USA and consider opportunities to participate in our organization. When client information is used for research and reporting purposes, results are discussed in a group format and the individual identity of clients is not disclosed.

For Fundraising and Volunteer Activities

Compassion in Action – USA may contact you to consider opportunities to contribute financially to our organization or contribute to our organization by becoming a volunteer. All clients will be asked to fill out a Client Satisfaction Survey to provide feedback to Compassion in Action – USA and consider opportunities to participate in our organization. We would only use contact information such as your name, address and phone number and the dates you received services from Compassion in Action – USA in regard to these activities.

For News Gathering and Dissemination Activities

Compassion in Action – USA may contact you to consider opportunities to participate in a media or news story. For example, all clients will be offered an opportunity to provide a written testimonial about your experience with Compassion in Action – USA for use on our website: www.compassioninaction.us or other public forum. You can prepare this testimonial yourself or we can assist you. Your testimonial provides others a glimpse of what is possible for them when they seek assistance from Compassion in Action – USA. We would only use contact information such as your name, address and phone number and the dates you received services from Compassion in Action – USA in regard to these activities. Any other information reported in a public forum is at your own discretion.

For Public Health, Legal and Law Enforcement Purposes

Upon occasion, Compassion in Action – USA may have need to provide information about clients for any number of public health, legal, and law enforcement purposes. This can include, but is not limited to:

1. as required by federal and state law
2. assist in a disaster relief effort or to avert a serious threat to your health or safety
3. to cooperate with law enforcement and intelligence activities
4. for public health purposes, such as controlling disease or reporting child abuse
5. assist coroners, medical examiners, or funeral directors
6. to address grievances or lawsuits



Client Rights Regarding Personal, Health, and Financial Information About Our Clients

Your personal, health, and medical information is the property of Compassion in Action – USA. You have the following rights, however, regarding the information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and/or receive a copy of your personal, health, and financial information. To inspect and/or receive a copy of your information, you must submit your request in writing or sign an authorization for release and use of client information. This request should be directed to: **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773**. There may be a fee for these services.

Right to Request an Amendment or Addendum

If you feel that personal, health, and financial information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum as long as the information is kept by Compassion in Action – USA. Requests for amendments and addendums should be made in writing to **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773**. Please provide a reason that supports your request.

Right to an Accounting of Disclosures

You have the right to receive a list of the disclosures we have made of your personal, health, and financial information. To request this accounting of disclosures, you must submit your request in writing to **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773**. There may be a fee for these services. Your request must state a time period for which the accounting is requested, and may not be longer than 6 years.

Right to Request Restrictions or Revoke and Authorization for Release and Use of Client Information

You have the right to request a restriction on the personal, health, and financial information we use or disclose about you. For example, you could ask that we not use or disclose information to a family member about a surgery you had. To request a restriction, made your request in writing to **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773**. In your request, you must indicate what information you want us to limit, to whom the limits should apply, and whether you want to limit our use, disclosure, or both. We are not required to agree to your request. If we do agree, our agreement will be in writing.

Right to Request Confidential Communications

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. To request confidential communications, please make your request in writing to **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773**. We will accommodate all reasonable requests. Please specify how or where you wish to be contacted.

Right to Receive a Paper Copy of This Notice

You have the right to a paper copy of this **Use and Release of Client Information by Compassion in Action – USA**. You may ask us to give you a copy of this notice at any time. Copies of this notice are available from **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773**, [phone: (626) 967-6800, Fax: (626) 967-6833, e-mail: info@compassioninaction.us, website: www.compassioninaction.us].



**AUTHORIZATION for the Use and Release of Client Information by
Compassion in Action - USA**

We reserve the right to change our privacy practices and this **Use and Release of Client Information by Compassion in Action – USA**. This notice will always have the effective date in the top right hand corner on the first page. Current notices will be maintained at **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773, [phone: (626) 967-6800, Fax: (626) 967-6833, e-mail: info@compassioninaction.us, website: www.compassioninaction.us]**. You may request a copy of the current **Use and Release of Client Information by Compassion in Action – USA** at any time. All questions or complaints should be directed to **Compassion in Action – USA, PO Box 383, San Dimas, CA 91773[phone: (626) 967-6800, Fax: (626) 967-6833, e-mail: info@compassioninaction.us, website: www.compassioninaction.us]**. You will not be penalized for filing a complaint. Other uses and disclosures of personal, health, and financial information not covered by this notice will be made only with your written permission. If you revoke your permission, we will not longer use or disclose your personal, health, and financial information. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the services provided to you as required by law.

My signature on this form acknowledges that I have received from Compassion in Action - USA and agree to the conditions outlined in this statement **USE AND RELEASE OF CLIENT INFORMATION BY COMPASSION IN ACTION – USA**. Information will only be exchanged with those persons or agencies with a current authorization for release of information signed by the client or the client’s representative. Under no circumstances will an exchange of information occur without specific verbal or written authorization from the client.

Client Name (Please Print)

Signature

Signature of Legally Authorized Representative (if applicable)

Date

Witness from Compassion in Action – USA

Date