



## **Notice of Privacy and Non Discrimination**

*The Sexual Assault Center desires to maintain the utmost care concerning our clients and their personal records. We are dedicated to protecting the confidentiality and best interest of all clients.*

### **Privacy**

A Release of Information (ROI) must be signed by the client/guardian before discussing the case with any other provider, detective, family member, third party, etc. except when billing insurance and where mandated by Tennessee law and HIPPA such as:

- In case of an emergency, when there is an imminent danger to the client or another person, we may breach confidentiality to prevent harm.
- Tennessee law states that all individuals are mandatory reporters. In the case of suspicion of **present or past** physical, sexual, emotional abuse or neglect of a child or adult with special needs, we must report the information to the Department of Children's Services or Adult Protective Services immediately.
- When the client is referred by a physician or other professional, communication regarding pertinent treatment may be maintained with that professional unless client specifies to the contrary.
- In certain legal proceedings, such as CPS/DCS involvement, the courts may order some or all information about treatment to be disclosed.
- The State of Tennessee reserves the right to review grant case files of an agency it supports to make sure the agency is providing adequate services. These reviews are confidential.
- For SAC internal quality assurance, client information may be disclosed in reviews, audits, billing, supervisor involvement, or relaying messages to treating therapists/advocates.
- Periodically, S.A.C. is asked to present client success stories for grant applications and reporting. All identifying client information remains confidential. For those clients who wish to have an opportunity to take a more specific or active role in their story being presented to the community please see our Volunteer Coordinator for more information about our Survivor's Voices program.

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). I have read/received a copy of S.A.C.'s *Notice of Privacy Practices* containing a complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact the organization at any times to obtain a current copy of the *Notice of Privacy Practice*. In accordance with legal guidelines and best practices, S.A.C. destroys physical copies of clients' records after ten years; however, Electronic Personal Health Information

(EPHI) will remain on S.A.C.'s secure electronic database. Because S.A.C.'s email system is not encrypted, we cannot guarantee that emails sent to S.A.C. with PHI will be secure. For records prior to 2006 please contact the office.

### **Nondiscrimination**

At the Sexual Assault Center we do not discriminate against any individual on the basis of race, age, religion, gender, sexual orientation, identity, or disability.

If you feel that you have received disparate treatment based on any classification protected by Federal and/or Tennessee state law, you are encouraged to file a complaint by contacting SAC's President, at 615-259-9055, ext 328. If you are not satisfied that your concern has been resolved, we encourage you to file a complaint by doing the following:

1. You must file a written complaint within one hundred-eighty (180) days to the date of the alleged discrimination.
2. Include your name, address, and phone number.
3. The complaint should contain the name and address of the agency you believe discriminated against you.
4. How, why, and when you believe you were discriminated against. (Include as much specific information as possible about the alleged acts of discrimination, and any other relevant information.)
5. The names of any persons, if known, who could be contacted for clarity of your allegations.
6. Please sign your complaint and submit in writing to one of the following agencies:

DIRECTOR  
Department of Children's Services  
Office of Diversity Initiatives  
1276 Foster Ave, Mensler 3  
Nashville, TN 37243  
(615) 253-0037  
Fax (615) 741-4013

Director  
TN Title VI Compliance Department  
First Floor, James K. Polk Building  
505 Deaderick St.  
Nashville, TN 37243  
(615) 253-6717  
Fax (615) 741-4013

Director  
Office for Civil Rights  
U.S. Dept. of Health &  
Human Services  
61 Forsyth St, SW  
Atlanta, GA 30323  
(404) 562-7886;  
Fax (404) 562-7881

A copy of the Sexual Assault Center's Policy Manual is available upon request.

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*I have been made aware of S.A.C's Privacy and Non Discrimination policies.*

\_\_\_\_\_  
Client's Name (Signature)

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Date

### **If Client is a minor:**

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date