
JIMMY VEJAR SUMMER FUN EXPLORERS 2026

Notice of Rights and Responsibilities

SUMMER 2026

JIMMY VEJAR SUMMER FUN EXPLORERS

1186 King Street Rye Brook NY 10573

Kamesha Pollard, Program Specialist

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Notice of Rights

At Jimmy Vejar Summer Fun Explorers, all participants, without distinction of any kind, have equal rights to the following while in our care:

- To be treated with dignity and respect while in our care.
- To be protected to the extent possible from any form of abuse or harm.
- To be notified of any serious occurrences/ injuries and to provide a written request to receive redacted copies of reports of occurrences/ injuries.
- To a safe environment with reasonable accommodations and modifications under the ADA*.
- To individualized, quality care and treatment based upon needs identified in the admission application.
- To an enjoyable, fun-filled, and memorable experience.

At Jimmy Vejar Summer Fun Explorers, every parent, without distinction of any kind, has the right to the following:

- Confidential written and/or verbal communications from the Program personnel regarding their child's well-being. *This includes responses to parent inquiries in a time-sensitive manner and/or notifications initiated by the Program personnel to the parent regarding their child's well-being.*
- To visit the program after coordinating with the Program Specialist.

The Jimmy Vejar Summer Fun Explorers program reserves the right to the following:

- Request for a Participant to be immediately picked up if they pose a danger to themselves or others.
- Request for a Participant to be immediately picked up if the Nursing Director deems the child to have a health issue which cannot be safely managed at program and/or threatens the well-being of others.
- Request for a meeting with a parent if a parent is more than 15 minutes late to pick up their child after three (3) occurrences.

*Americans with Disabilities Act.

Please visit our website to view a copy of the full 'Notice of Rights & Responsibilities.'

Notice of Privacy Practices

Our Privacy Commitment to You

At Cerebral Palsy of Westchester (CPW), we understand that information about you and your family is personal. We are committed to protecting your privacy and that of your records. Information is shared only when authorized, when necessary for treatment, payment, or health care operations or as mandated by State or Federal Law. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), our privacy commitment to you is:

- All people involved in your care will protect your privacy and information will be shared only with the persons/organizations that you have authorized to view the information or for purposes permitted or required by law.
- Protected Health Information (PHI) includes records we keep or create that are related to service provision. This includes your past, present or future information, service plan, name, address, birth date, social security number, payment for services and other identifying information.
- CPW will comply with the breach notification requirements of HIPAA and the HITECH Act, and will notify you if a breach of unsecured health information is discovered.

This privacy notice describes how your health information may be used and disclosed, and how you may access your information. Please review it carefully. This privacy notice was updated on March 10, 2026.

CPW's Responsibility for Your Information

CPW is required by law to:

- Maintain the privacy of your records.
- Give you notice of our legal duties and practices concerning your Protected Health Information (PHI).
- Follow the rules contained in this notice.
- Inform you of any material changes in privacy practice or your rights, based on our right to revise the privacy notice.
- You may obtain a copy of the most current privacy notice at cpwestchester.org or by calling CPW's Privacy Coordinator at 914-937-3800, ext.721.

Your Health/Clinical Information Rights

You have the right to:

- **Review your health records and obtain a copy of the record.** We may charge a reasonable fee for the copies not to exceed \$0.75 per page. We may deny your request under limited circumstances. If you are denied, you may request a review by CPW's Executive Director.
- **Request that CPW change or amend your health information** if you believe it is incorrect or incomplete. However, CPW may deny this request if we believe that the information is accurate. If the request is denied you may file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will give you a copy. If the amendment is approved, your record will be changed, and we will inform others who need to be made aware. Information in reports not created by CPW may not be changed.
- **Request to receive confidential communication from us.** We will accommodate reasonable requests. We may condition this accommodation by asking for information on how payment will be handled or specifying an alternative address or method of contact.
- **Restrict use or disclosure of your health information.** You may ask us not to use your information for treatment, payment, or health care operations. You may request that any part of your information not be disclosed to family or friends involved in your care. CPW is not required to agree to a restriction you request, except as required by law or related to when the service is paid in full and out-of-pocket by yourself or someone else. If CPW believes that it is in your best interest to use/disclose your information,

it will not be restricted. If CPW agrees with the restriction, we will follow the directive of that restriction unless it is needed to provide emergency treatment. Restriction must be requested in writing.

- **If the organization uses or maintains an electronic health record, you have the right to obtain such information in electronic format.**
- **Request a list of certain disclosures CPW has made of your health information.** The list of disclosures will not include disclosures for treatment, payment, or health care operations or disclosures made to yourself or disclosures to family members or friends involved in your care, per your request or notification purposes.
- **Receive a paper copy of the CPW privacy policy.**

Uses and Disclosures that Require Your Agreement and Authorization

- For marketing purposes
- Specific authorization is required for release of HIV/AIDS, mental health and psychotherapy notes and information.

How CPW Uses and Discloses Health Care Information

CPW may use and disclose health information without your permission only in the following situations:

- For treatment purposes within CPW and to outside health care providers who are part of your care. For example, CPW staff may discuss your health information with other individual health providers or organizations who are providing care, such as your physician or case manager.
- To provide health information needed to obtain payment for our services, such as making a determination of eligibility or coverage for insurance benefits. Bills may be sent to you or to third party payers such as insurance/health plans. This information may identify you, your diagnosis and service provided.
- For healthcare operations in support of the business activities of CPW. Activities may include, but are not limited to, quality assessment, training and education, licensing, audits, activities conducted by contracted third party “business associates,” and to contact you related to CPW fundraising activity. You may opt out of receiving fundraising information by calling the CPW Director of Development at 914-937-3800 ext. 353.
- For public health purposes to a public health authority permitted by law to receive such information for the purpose of controlling disease, injury, or disability.
- When required by federal or state law or when requested by authorized federal officials for intelligence or national security, protective services to the President, or military command authorities.
- To the governmental agency authorized by state or federal law to receive information on possible domestic violence, child abuse or neglect.
- For judicial, and law administrative proceedings, in response to a court order or in response to other lawful processes.
- Workers Compensation cases may require the disclosure of health information to comply with law.
- If authorized by law, to a person who may have been exposed to a communicable disease or at risk of contracting or spreading the disease.
- To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- To law enforcement for suspicious death, pertaining to crime victims, in the event of a crime at CPW, medical emergency related to a possible crime, other legal processes required by law.
- For criminal activity to prevent or lessen the threat to health/safety of a person or the public or to identify and apprehend a person.
- To a person or company required by the Food & Drug Administration to report adverse effects, product defects, to enable product recalls, to report biologic product deviations or for other FDA activities required by law.
- To the extent that it is required by law. You will be notified as required by law of any such uses/disclosures.

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- To the Department of Health & Human Services to determine our compliance with local and federal law.

Permitted & Required Uses and Disclosures That May Be Made with Your Authorization or Opportunity to Object

For all other types of uses and disclosures not described in this notice, CPW will use or disclose health information only with a written authorization signed by you or your authorized personal representative.

- To a family member, relative, close friend, or other person you identify that is involved in your healthcare
- To notify or assist in notifying a family member or personal representative or other person responsible for your care, location, general condition or passing.
- To an authorized public or private entity to assist in disaster relief and to coordinate use/disclosure to family or others involved in your care.

You may revoke your authorization at any time, but you must do so in writing. If you revoke your authorization in writing, we will no longer use or disclose your information for the reasons stated in the authorization. We cannot retrieve any disclosures made prior to revoking your authorization. We must also retain your health information that indicated the services we have provided to you.

If you cannot give permission or object to a disclosure, CPW may release health information if we determine it is in your best interest based on our professional judgment.

CPW Privacy Coordinator

Questions or concerns about CPW privacy policy, privacy practices, access to health information or this notice may be forwarded to the Privacy Coordinator at (914) 937-3800 ext.721. Written correspondence about these policies may be sent to: Privacy Coordinator, Cerebral of Westchester, 1186 King Street, Rye Brook, NY 10573.

Complaints

If you believe your privacy rights have been violated, you may file a complaint through the Cerebral Palsy of Westchester Hotline at (914) 937-3800 ext. 210. Written complaints may be sent to:

CPW Privacy Coordinator
Cerebral Palsy of Westchester
1186 King Street
Rye Brook, NY 10573

You may contact the Department of Health and Human Services at 877-696-6775 or at:

Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

You may file a grievance with the Office of Civil Rights by calling 866-627-7748 or 866-788-4989 (TTY), or at the following address:

Office of Civil Rights Region II
Federal Building
26 Federal Plaza, Room 3312 New York, NY 10278

All complaints made by telephone must be followed with a written complaint. You will NOT be penalized for filing a complaint.