

EASTER SEALS VIRGINIA

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IMPORTANT please retain this document for your records.

If you have questions about this notice please contact: Tristan Robertson (540) 777-7325

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive while you are receiving services from Easter Seals Virginia. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Easter Seals Virginia staff.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment.

We may use and disclose Protected Health Information (PHI) about you when providing healthcare services. That means we may consult with healthcare providers and other service providers regarding your treatment to coordinate and manage your care. Additionally, we may use or disclose PHI about you when we refer you to another service provider. For example, when we refer you to another service provider, we may disclose PHI to your new provider regarding your current treatment.

For Health Care Operations

Healthcare providers may use and disclose PHI in performing business activities that are referred to as healthcare operations. Healthcare operations allow us to improve the quality of care we provide and to reduce health care cost. These operations may include the following:

Quality of Care:

- We may use PHI about you to identify ways to improve the quality, efficiency and cost of care that we provide to our clients.
- We may use PHI about you to review and evaluate the skills, qualifications and performance of our service providers.
- We may use PHI about you to cooperate with outside organizations that assess the quality of services that we provide.
- We may use PHI about you to provide training programs for students, trainees, healthcare providers, or non-healthcare professionals (example) to help them practice or improve their skills.
- We may use PHI about you to cooperate with outside organizations that evaluate, certify, or license healthcare providers or staff.

Treatment Alternatives

We may use PHI to identify groups of patients with similar health problems to give them information about treatment alternatives, special programs, or educational classes.

Business Operations and Planning

We may use PHI about you to cooperate with organizations that review our activity. For example, accountants, lawyers, and others who assist us in complying with the law and managing our business may review your PHI.

- We may use PHI to assist Easter Seals Virginia in making decisions for our future operations
- We may use PHI for grievance resolution within our organization
- We may use PHI for business planning and development
- We may use PHI for business management and general administrative activities of our organization
- We may use PHI about you to “de-identify” information that is not identifiable to any individual. This means that all identifying information about you is removed.

Other Uses and Disclosures

We may use and disclose PHI as required by federal, state, or local law. Any disclosure is limited to the requirements of the law.

To Avert a Serious Threat to Health or Safety

We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Research

We may use and disclose PHI about you for research purposes under certain limited circumstances.

Organ and Tissue Donation

If you are an organ donor we may release medical information to organizations that handle eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

Health Oversight Activities

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court order or administrative order. We may also disclose PHI to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be result of criminal conduct
- In emergency circumstance to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- To collect details about a crime or suspected crime committed at our office; or we may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. We may also disclose to funeral directors, as authorized by law, so they may carry out their jobs.

National Security and Intelligence Activities

We may release PHI about you to authorized federal officials for intelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Tristan Robertson, Director of Program Services, 8003 Franklin Farms Drive, Suite 100, Richmond, Virginia 23229, trobertson@va.easterseals.com or fax to (540)777-2194. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy, in certain very limited circumstances. If you are denied access to medical information,

you may request that the denial be reviewed. Another professional service provider will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right To Amend

If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Easter Seals Virginia.

To request an amendment, your request must be made in writing and submitted to Tristan Robertson, Director of Program Services, 8003 Franklin Farms Drive, Suite 100, Richmond, Virginia 23229, trobertson@va.easterseals.com or fax to (540)777-2194. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not made in writing or does not include a reason to support the request. In addition if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Easter Seals Virginia;
- Is not part of the information which you would be permitted to inspect or copy;
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Tristan Robertson, Director of Program Services, 8003 Franklin Farms Drive, Suite 100, Richmond, Virginia 23229, trobertson@va.easterseals.com or fax to (540)777-2194. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs involved and you may chose to withdraw or modify your request at that time, before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Tristan Robertson, Director of Program Services, 8003 Franklin Farms Drive, Suite 100, Richmond, Virginia 23229, trobertson@va.easterseals.com or fax to (540)777-2194. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Tristan Robertson, Director of Program Services, 8003 Franklin Farms Drive, Suite 100, Richmond, Virginia 23229, trobertson@va.easterseals.com or fax to (540) 777-2194. We will not ask you the reasons for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of the Notice

You have the right to a paper copy of this notice. You may ask us to give you copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI that we already have about you as well as any information we receive in the future. This notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you re-enter an Easter Seals Virginia program we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Easter Seals Virginia or with the Secretary of the Department of Health and Human Services. To file a complaint with Easter Seals Virginia, contact Tristan Robertson, Director of Program Services, 8003 Franklin Farms Drive, Suite 100, Richmond, Virginia 23229, trobertson@va.easterseals.com or fax to (540)777-2194. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.