



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

**If you have any questions about this notice, please call:
Director, Quality Assurance (ESGI Privacy Officer)
203-777-2000, ext. 222**

The effective date of this privacy notice is September 23, 2013.

At Easter Seals Goodwill Industries (ESGI), we respect the privacy and confidentiality of your health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your medical/health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

I. OUR RESPONSIBILITIES TO YOU

We are required by law to:

1. Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
2. Comply with the terms of our current Notice.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or obtain in the future.

Should we make material changes, we will make the revised Notice available to you by posting it in the reception area at 432 Washington Ave, North Haven, CT and at all satellite service locations. If you would like a copy, at any time, please ask the case manager/program staff member responsible for coordinating your services at ESGI or the Director of Quality Assurance (ESGI Privacy Officer).

II. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for purposes of **treatment, payment and health care operations** as described below:

1. **For Treatment.** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing programming. Your health information may be used by Agency personnel involved in your program and by members of your inter-disciplinary team, both within and outside ESGI. (For example, the Agency sponsoring/funding your program at ESGI may require that we submit timely information regarding significant incidents that occur while you are engaged in services at ESGI.) We may also disclose your health information to persons or facilities that will be involved in service provision after you leave ESGI.
2. **For Payment.** We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance or managed care company, State agency sponsoring/funding your program or services or another third party payor/grantor. (For example, we may contact the CT Bureau of Rehabilitation Services to confirm an authorization for services or to request approval for a proposed program or service.)
3. **For Health Care Operations.** We may use and disclose your health information as necessary for our internal operations, such as for general administration activities and to monitor the quality of care you receive with us. For example, we may use your health information to evaluate and improve the quality of service you received, for education and training purposes, and for planning for services. Health information may be used to evaluate our employees and to review the qualifications and practices of our program staff at ESGI.

III. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Under the Privacy Regulations, we may make the following uses and disclosures without obtaining a written Authorization from you or your guardian:

1. **As Required By Law.** We may disclose your health information when required by law to do so.



Easter Seals Goodwill Industries Rehabilitation Center, Inc.

432 Washington Avenue • North Haven, CT 06473

2. **ESGI Data Base.** We may use and disclose certain limited information about you that is in our data base. This information may include your name, the program(s) in which you are (have been) enrolled at ESGI, wage payments and your current status in those programs. Information in the data base which includes specific medical information about you will not be released in these circumstances. Various entities such as the CT Department of Social Services (DSS) or Department of Labor (DOL) may require information regarding your earnings for determination of a Social Security or disability benefit.
3. **Persons Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a family member, residential staff member, close personal friend or other person you identify, who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.
4. **Public Health Activities.** We may disclose your health information for public health activities.
5. **Reporting Victims of Abuse or Neglect.** If we believe that you have been a victim of abuse or neglect, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report. In certain circumstances, ESGI staff members are mandated reporters and must report any suspicions of abuse or neglect.
6. **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system. Some of the activities may include, for example, audits, investigations, inspections and licensure actions.
7. **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.
8. **Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.

9. **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.
10. **National Security and Intelligence Activities; Protective Services for the President and Others.** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of state or to conduct certain special investigations.
11. **Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.
12. **Workers' Compensation.** We may use or disclose your health information to comply with laws relating to Workers' Compensation or similar programs.
13. **Disaster Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort.
14. **Fundraising Activities.** We may use limited protected health information such as your name, address and phone number and the dates you received treatment or services, to contact you in an effort to raise money for ESGI. **You have the right to opt out of receiving such communication.**
15. **Appointment Reminders.** We may use or disclose health information to remind you and other members of your interdisciplinary team about appointments.
16. **Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.
17. **Business Associates.** We may disclose your health information to our business associates under a Business Associate Agreement.



IV. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

1. We will obtain your written authorization (an *Authorization*) prior to making any requests for additional information, use or disclosure other than those described above. Most uses and disclosures of your protected health information that are made for marketing purposes or disclosures that constitute a sale of protected health information require your authorization.
2. A written *Authorization* is designed to inform you of a specific use or disclosure (other than those set forth above) that we plan to make of your health information. The *Authorization* describes the particular health information to be requested, used or disclosed and the purpose of the use or disclosure. Where applicable, the written *Authorization* will also specify the name of the person to whom we are requesting or disclosing the health information. The *Authorization* will also contain an expiration date or event, if applicable.
3. You may revoke a written *Authorization* previously given by you at any time, but you must do so in writing. If you revoke your *Authorization*, we will no longer use or disclose your health information for the purposes specified in that *Authorization* except where we have already taken actions in reliance on your *Authorization*.

V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

1. **Right to Request Restrictions.** You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction except under limited circumstances. For example, we must agree to your request to restrict disclosures about you to your health plan for purposes of payment or healthcare operations that are not required by law if the information pertains solely to a health care item or service for which you have paid us in full out of pocket. If we do agree to a restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.
2. **Right to Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. (For example, you can request that

we contact you only at a certain phone number or to use unmarked envelopes for mailings). We will accommodate your reasonable requests.

3. **Right of Access to Personal Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information except under certain limited circumstances. Under Connecticut law, if ESGI makes a copy of your medical record, we will not charge more than 25 cents per page, plus postage. For the purposes of a Social Security claim or appeal or for a request for medical records for Workers' Compensation reports, you will not be charged a copy fee.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial. This review would be performed by an ESGI administrative staff who did not participate in the decision to deny access.

4. **Right to Request Amendment.** You have the right to request that we amend your health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by us; (c) is information to which you do not have a right of access; or (d) is already accurate and complete, as determined by us.

If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial. In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be included in your medical record.

5. **Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

You must submit your request in writing and you must state the time period for which you would like the accounting. The accounting will include the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first accounting provided within a 12-month period will be



- free; for further requests, we may charge you our costs for completing the accounting.
6. **Right to Notification of Breaches of Your Health Information.** You have the right to receive written notification of any "breach" of your unsecured protected health information, as that term is defined in 45 CFR § 164.402.
 7. **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice. You may request a copy of this Notice at any time.

**VI. SPECIAL REGULATIONS REGARDING DISCLOSURE OF
PSYCHIATRIC, SUBSTANCE ABUSE AND
HIV-RELATED INFORMATION**

- For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related information, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a *Special Authorization* or a court orders the disclosure. A general release of your health information will not be sufficient for purposes of disclosing psychiatric, substance abuse or HIV-related information.
1. **Psychiatric information.** We will not disclose records relating to a diagnosis or treatment of your mental condition between the patient and psychiatrist, or which are prepared at a mental health facility, without specific written *Special Authorization* or as required or permitted by law.
 2. **Substance abuse treatment.** If you are treated in a specialized substance abuse program, information which could identify you as an alcohol or drug-dependent patient will not be disclosed without your specific *Special Authorization*, except where specifically required or allowed under state or federal law.
 3. **HIV-related information.** HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written *Special Authorization*. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information. As required by Connecticut law, if we make a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.

**VII. For Information About This Notice
or to Report a Concern Regarding
Our Privacy Practices**

1. If you believe that your privacy rights have been violated, you may file a complaint in writing with ESGI or with the:

**Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509 F, HHH Building
Washington, D.C. 20201**

2. To file a complaint with us, you should contact:

**Easter Seals Goodwill Industries Rehabilitation Center
432 Washington Avenue
North Haven, CT 06473
Attn: Director, Quality Assurance (Privacy Officer)**

3. We will not retaliate against you in any way for filing a complaint against Easter Seals Goodwill Industries Rehabilitation Center.