

2.1 NOTICE OF PRIVACY PRACTICES

Policy: The Arc supports and encourages each individual to understand their rights of disclosure of Personal Health Information

Purpose: To clarify the process of sharing Personal Health Information

The following document is reviewed with each individual receiving supports through The Arc of Bristol County and a copy of its receipt is kept on file for each individual.

NOTICE OF PRIVACY PRACTICES

This notice describes medical information about you may be used and disclosed and how you can get access to this information.

The Arc of Bristol County, Inc. is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

INTRODUCTION: This Notice of Privacy Practices describes how The Arc of Bristol County, Inc. may use and disclose your protected health information and describes your rights regarding health information we maintain about you. We have also described how you can exercise your rights. This notice further states the obligations we have to protect your health information.

“Protected Health Information,” (PHI), means information about you, that we have collected from you or received about you, from your health care providers, health plans, employer, schools, or other sources. **PHI,** is information about you that may identify you and that relates to your current past or future physical, mental health, or other related health conditions. **The Arc of Bristol County, Inc.** will use your information for your care and treatment. For example, information obtained by a nurse or other member of your care team will be recorded in your record and used to determine your plan of care. Your clinician will document in your record his or her expectations of the members of your care team. Members of your healthcare team will then record the actions they took and their observations. We will use your information for payment. For example, a bill may be sent to you, your insurance company or Medicaid or Medicare. The information on or accompanying the bill may include information that identifies you as well as the treatment provided to you.

We will use your **Protect Health Information** to operate our Agency. For example, members of our quality assurance team may use information in your health record to assess the care and outcomes in your case and others like it.

RIGHTS YOU HAVE REGARDING YOUR PHI:

- A) You have the right to request that we limit certain uses and disclosures of your information, to carry out your Plan of Care, get paid for our services or administer our Agency (referred to as health care operations, or

treatment payment.) You also have the right to request a restriction on the **PHI** we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However we are not required to agree to your request. To request limitations or restrictions, you must send a written request to the **Privacy Officer at The Arc of Bristol County, Inc. 16 Hillside Ave, Attleboro, MA 02703.**

- B) You have the right to see and obtain a copy of your PHI information contained about you in your medical and billing records for as long as the Agency maintains the information. To review or copy your PHI, please send a written request to The Arc's Privacy Officer. If you request a copy of this information, The Arc of Bristol County, Inc., may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may also deny your request in certain limited circumstances. If you are denied the right to see or copy your PHI, you must be given the reason and you may request that the denial be reviewed.
- C) You have the right to update or correct your information. If you feel that the PHI we have about you is incomplete or incorrect, you may request that we correct or amend (update) the information. To request an amendment you must send a written request to the Privacy Officer. In addition, you must give a reason for your request. The Arc may then in certain cases deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a response to your statement, which we will provide you.
- D) You have the right to receive a list of the disclosure of your information. You have the right to receive a list of the disclosures we have made of your PHI, for most purposes other than treatment, payment, or health care operations. The disclosures will not include disclosures we have made directly to you, disclosures to friends, family members, or other members involved in your care and disclosures for notification purposes. The right to receive such disclosures is also subject to certain other limitations. To request an accounting, you must submit your request in writing to the Privacy Officer. Your request must state the time period, but may not be longer than six years. The first list you request within a twelve month period will be free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at any time.
- E) You have the right to request that communications of your information be done by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to the Privacy Officer. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

- F) You have the right to withdraw your consent to use or disclose, PHI, except to the extent that action has already been taken. You may withdraw or revoke consent in writing at any time. Upon receipt of the written revocation we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the consent. We may also refuse to continue to treat an individual who revokes his or her consent.
- G) You have the right to receive a paper copy of the Notice of Privacy Practices upon request. The Arc of Bristol County, Inc. will be posting this notice and any further changes on our website; however you are still entitled to a paper copy even if you receive this notice electronically. To obtain a paper copy of this Notice please contact the Privacy Officer at The Arc of Bristol County, Inc. 16 Hillside Ave, Attleboro, MA 02703

We may use or Disclose your PHI, without your consent in the following circumstances.

- H) We may disclose your PHI, when a disclosure is required by federal, state, or local law, judicial or administrative proceedings or law enforcement. For example, we may disclose your PHI, for law enforcement purposes as required by law or in response to a valid subpoena. If you are involved in a lawsuit or a dispute, we may disclose your PHI, in response to a court or an administrative order. We may also disclose health information about you in response 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.
- I) We may disclose communication with family or friends involved in your care or payment for your care. Any nurses or other clinicians using their professional judgment may disclose to a family member, close personal friend, or any other person you identify, PHI, related to that person's involvement in your care or payment related to your care, unless you object.
- J) We may disclose your information to the Food and Drug Administration (FDA). We may disclose your PHI to the FDA relative to adverse events with respect to food, supplements, product and product defects or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- K) We may disclose your information to Worker's Compensation. We may disclose your PHI, to the extent authorized by and the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- L) We may disclose your information to public health and for health oversight activities. As required by law, we may disclose your PHI, to public or legal authorities charged with preventing or controlling disease, injury, or disability. We may also provide information to coroners, medical

examiners and funeral directors as necessary for these persons to carry out their duties. We may also disclose your information to an oversight committee or agency for activities authorized by law, including audits, and inspections necessary for our licensure and for the government to monitor the health care system, government programs and compliance with the civil rights laws.

- M) We may also disclose your information for specific government functions. For example, if you are a member of the armed forces, we may release PHI, about you as required by the military command authorities. We may also disclose your PHI to authorized federal officials for national security purposes, such as protecting government officials and performing intelligence activities or investigations.
- N) We may disclose information for organ or tissue procurement. Consistent with laws, we may disclose your PHI, to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of disuse donation and transplant.
- O) We may also disclose information about you to business associates under certain circumstance. There are some services provided by our agency through contracts with business associates such as billing companies. When these services are contracted for, we may disclose your PHI, to our business associates so that they can perform the job we have asked them to do. We require business associates to appropriately safeguard your information.
- P) We may disclose your information for the purpose of personal communication. We may contact you to provide appointment reminders or information about treatment alternatives or other related benefits and services that may be of interest to you.
- Q) We may use and disclose your health information without your consent in an emergency treatment situation. For example, we may provide your health information to a paramedic who is transporting you in an ambulance. If a clinician is required by law to treat you and you're treating clinician as attempted to obtain your consent but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you. We may also disclose this information if The Arc of Bristol County, Inc. is acting under law as your legal guardian. We will also disclose information about you when required to do so by local, state and federal law.
- R) We will disclose information about you to prevent a serious threat to health or safety. We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety, or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or decrease the threat.
- S) We may disclose information about you as a victim of abuse, neglect, or domestic violence. We may disclose your PHI, to a social service or protective services agency if we have reason to believe you are a victim of

abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official that is to receive the report represents that it is necessary, and will not be used against you.

- T) We may disclose information about you if you become an inmate of a correctional institution. This information may be disclosed in order to protect your health and safety and or the public or another person's health and safety.
- U) We may disclose your information as part of fundraising activities for our agency. We may contact you to provide information as part of a fundraising activity for our agency.

For more Information or to Report a Problem:

If you have questions, or would like additional information about our agency's privacy practices, you may call The Arc at **(508) 226-1445 or (888) 343-3301** and ask for the Privacy Officer. If you believe your privacy rights have been violated, you can file a complaint with The Arc's Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Before disclosing your PHI for any other purposes, we will obtain your written authorization. You may revoke this authorization in writing at any time. After receiving your written request, we will prohibit disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.