



## Confidentiality, Privacy, and Protected Health Information

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

In the course of your care and treatment by this organization, we will gain information about you, including demographic data relating to your past, present or future physical or mental health or condition, your health care services, and a payment of the provision of your health care. To the extent that this information is identifiable as relating to you individually, this is PHI or protected health information.

As an entity covered by the HIPAA Privacy Law, we may not use or disclose your PHI except as permitted or required by the Privacy Rule or as you authorize in writing. We are required to disclose your PHI to you (or your authorized personal representative) when you specifically request access to your PHI or an accounting of disclosures of your PHI, and to the U.S. Department of Health and Human Services when it undertakes a compliance investigation or review or enforcement action.

We are permitted to use and disclose PHI **without your authorization** for treatment, payment and health care operations as well as those uses and disclosures required by law. Treatment relates to healthcare you receive and the sharing of information among health care providers involved in your care. Payment pertains to sharing information with your insurance company including Medicaid and Medicare and any other entity authorized by you to obtain payment for services rendered to you. Health care operations include the management of care provided at our facility such as monitoring quality of care. Uses and disclosures required by law include: (1) circumstances defined by statute, regulations, or court orders; (2) public health activities; (3) disclosures pertaining to suspected abuse, neglect, or domestic violence; (4) health oversight activities (typically performed by the state or federal governments); (5) judicial and administrative proceedings; (6) law enforcement purposes; (7) decedents (for example, to coroners or funeral directors); (8) post-mortem organ or tissue donation; (9) appropriately authorized research; (10) in the event of a perceived serious threat to health or safety; (11) for essential government services; and (12) for workers compensation claims.

You have the right to request restrictions on the uses or disclosures of PHI for treatment, payment, or health care operations, disclosure to persons involved in your health care or its payment, or disclosure to notify family members or others about your general condition, location, or death. Easterseals is not obliged to agree to these restrictions, however if it does agree to such restrictions it will comply with them except for purposes of treating you in a medical emergency,

If you have paid for health care services in full out of pocket; you have the right to restrict disclosure of related PHI to health plans otherwise involved in your treatment or payment for your health care and we will not refuse to honor such requests.

We may use your PHI for the purpose of keeping you informed of activities of this organization and for fundraising purposes. You have the right to opt out of receiving further such communications upon written request.

**For other uses and disclosures: it is our policy to obtain your written authorization.** All authorizations must be in writing in plain language and including specific terms regarding the information to be disclosed. Or used the person(s) disclosing and receiving the information the expiration date of the authorization your right to revoke in writing and other relevant data and even after granting consent you can revoke the consent in writing except to the extent that the company has already taken prior action.

100 Deerfield Road, Windsor, CT 06095 • 860.270.0600  
22 Prestige Park Circle, East Hartford, CT 06108 • 860.728.1061  
24 Stott Avenue, Norwich, CT 06360 • 860.859.4148  
287 West Avenue, Rocky Hill, CT 06067 • 860.859.4148

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You have the right to request confidential communications of PHI other than by means typically employed from us, and we will accommodate all reasonable requests if there is a risk of endangerment to you from disclosure of all or part of the communication of PHI.

You have the right to inspect copy, amend PHI and receive a report on disclosures we have made. Please be aware that requests for inspection, copying, release, or amendment may be denied if the information was not created by Easterseals, is not part of a designated record set or would not otherwise be available for inspection under the Privacy Rule's request for access provisions; or is accurate and complete. While more detailed information on our procedures is available upon request, as general guidelines:

Within 30 days of an inspection or copy request, we will fulfill your request or, if we deny your request according to policy or applicable state/federal law, provide you with a written basis for denial. We do charge a fee for each page copied. A staff member will tell you the amount of those charges before preparing the requested copies.

If you amend information in your record, we will make a reasonable effort to notify persons or organizations of the now amended information. If a request to amend your record is denied, you have the right to place a written statement of disagreement in your file, although Easterseals may also enter into your record a rebuttal to your statement of disagreement.

We put a note in your record whenever a disclosure is made for a reason other than treatment or payment. This note includes the disclosure date, a description of the information provided, the name and address of the information recipient, the purpose of the release, and a copy of the disclosure request. While you can find these notes in your record, you also have a right to receive a summary of disclosures we have made. All you need to do is provide a written request to the Executive Director.

It is our policy to maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent the intentional or unintentional use or disclosure of PHI. Members of our workforce are trained on our privacy policies and procedures. In the event of a breach of security and an unauthorized acquisition, access, use or disclosure of PHI occurs, we will notify you of the suspected or actual breach as soon as possible, in any event no later than sixty days after discovery, and we will mitigate to the extent practicable any consequent harmful effect.

You have the right to file a complaint if you feel that we fail to comply with our policies and procedures regarding privacy, any provisions of this notice, or any other privacy-related matters. Concerns you may have should be submitted in writing to the company's "Privacy Officer," Dr. Allen Gouse, at 100 Deerfield Road, Windsor, CT 06095. However, prior to submission of a written complaint, concerns can be brought to Dr. Gouse by telephone (860-270-0600).

The effective date of revisions to this Privacy Notice is September 23, 2013. A copy of our privacy policy is available for review upon request. We reserve the right to change these policies and procedures and to make new notice provisions. While you are in treatment or have an active authorization to release information, we will provide you with a written notice of any changes or revisions to our privacy policies and procedures.

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