

**Westerly Chariho Chapter
Frank Olean Center
93 Airport Road
Westerly, RI 02891**

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

**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.**

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as “medical information.” In this notice, we simply call all of that protected health information, “health information.”

This notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Health Information About You.

We use and disclose health information about you for a number of different purposes. Each of those purposes is described below.

For Treatment : We may use health information about you to provide, coordinate or manage the services, supports, and health care you receive from us and other providers. We may disclose health information about you to doctors, nurses, qualified mental retardation professionals (QMRPs), psychologists, social workers, direct support staff and other agency staff, volunteers and other persons who are involved in supporting you or providing care.. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, staff may discuss your information to develop and carry out your individual service plan. Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor’s visit, physical therapy, etc. Staff may need to disclose health information to entities outside of our organization (for example, another provider or a state/local agency) to obtain new services for you.

For Payment: We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party payor, such as Medicaid or other state agency (for example, the state's Office of Mental Retardation), or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

For Health Care Operations: We may use and disclose health information about you for our own operations. These are necessary for us to operate The Westerly Chariho Chapter and to maintain quality for our consumers. For example, we may use health information about you to review the services we provide and the performance of our employees supporting you. We may disclose health information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.

Uses and Disclosures Not Requiring Permission: We may use or disclose your PHI without your permission in the following circumstances:

- Appointment Reminders and Health Related Benefits or Services: We may use or disclose PHI to contact you as a reminder that you have an appointment or to give you information about treatment or services that we offer that may be of interest to you.
- Disclosure to Family and Others: We may disclose to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want use to disclose health information about you to, please notify Tammy DaSilva at 596-2091 or tell our staff member who is providing care to you.
- Disaster Relief: We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.
- Required by Law: We may use or disclose health information about you when we are required to do so by law.
- Victims of Abuse, Neglect or Domestic Violence: We may disclose health information about you to a government authority authorized by law to receive reports of abuse,

neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you or your personal representative; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

- Health Oversight Activities: We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.
- Legal Proceedings: We may disclose PHI pursuant to a valid court order, search warrant and, under certain circumstances, in response to a subpoena or other discovery request.
- Coroners and Medical Examiners: We may disclose health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.
- Funeral Directors: We may disclose health information about you to funeral directors as necessary for them to carry out their duties.
- To Avert Serious Threat to Health or Safety: We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.
- Worker's Compensation: We may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Other Uses or Disclosures: Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Tammy DaSilva at 93 Airport Road, Westerly, RI 02891 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

Your Rights With Respect to Health Information About You.

You have the following rights with respect to health information that we maintain about you.

- **Right To Request Restrictions:** You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to [Tammy DaSilva 93 Airport Road, Westerly, RI] and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

- **Right to Receive Confidential Communications.** You have the right to request that we communicate health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing to [Tammy DaSilva 93 Airport Road, Westerly, RI]. Your request must state how or where you can be contacted.
We will accommodate your request. However, we may, if necessary, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.
- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI for as long as we maintain it. To inspect or copy health information about you, you must submit your request in writing to [Tammy DaSilva 93 Airport Road, Westerly, RI]. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy your PHI in certain circumstances. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designed by us who was not directly involved in the denial. We will comply with the outcome of that review.

- Right to Amend. You have the right to ask us to amend health information about you. You have this right for so long as the health information is maintained by us. To request an amendment, you must submit your request in writing to [Tammy DaSilva 93 Airport Road, Westerly, RI]. Your request must state the amendment desired and provide a reason in support of that amendment. We may deny your request to amend health information about you for a variety of reasons. If we deny your request, we will tell you in writing the reason(s) for the denial and explain your rights regarding responding to the denial. If we agree with your request, we will change your PHI, inform you of the change, and tell others who need to know about the changes to your PHI.
- Right to an Accounting of Disclosures. You have the right to receive an accounting of disclosures of health information about you. Some disclosures of PHI will not be listed in this accounting, however. For example, disclosures made to carry out treatment, payment, or health care operations, as well as disclosures made to you or pursuant to your authorization will not be part of the accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003. To request an accounting of disclosures, you must submit your request in writing to [Tammy DaSilva 93 Airport Road, Westerly, RI]. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.
- Right to Copy of this Notice. You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time. To obtain a paper copy of this notice, contact to [Tammy DaSilva 93 Airport Road, Westerly, RI].

Changes to the Privacy Notice:

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

A copy of our current Notice of Privacy Practices will be posted in each Olean Center location.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting [Tammy DaSilva 93 Airport Road, Westerly, RI].

Complaints.

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact [Tammy DaSilva Director of Vocational Services 93 Airport Road, Westerly, RI 596-2091 or 348-8380]. All complaints should be submitted in writing. To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact [Tammy DaSilva Director of Vocational Services 93 Airport Road, Westerly, RI 596-2091 or 348-8380].