



## NOTICE OF PRIVACY PRACTICES

**This notice describes how your protected health information may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your protected health information is important to us.**

### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Any new terms of our Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a substantive change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may download a digital copy or request a paper copy of this Notice at any time: <https://www.easterseals.com/de/privacy-policy.html>. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice. The remainder of this page is a summary of the Notice's contents. Please review the entire document carefully.

**Your Rights.** You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- Electronic notice

**Your Choices.** You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and utilize your information
- Raise funds

**Our Uses and Disclosures.** We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Your authorization
- To Family and Friends
- Persons Involved with Care
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other governmental requests
- Respond to lawsuits and legal actions.



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### YOUR RIGHTS

**Access:** You have the right to look at or get copies of your protected health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$.25 for each page, \$12.00 per hour for staff time to create the copy of your health information (excluding the time to review your request and locate your health information), and postage if you want the copies mailed to you. If you request an alternative format, we will charge a reasonable cost-based fee for providing your protected health information in the requested format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.) All fees discussed in this paragraph are subject to the requirements and prohibitions of applicable law and will not be charged if prohibited by law.

**Corrections and Amendment:** You have the right to request that we amend your protected health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Alternative Communication:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, please tell us what you want us to do and we will follow your instructions. If you are not able to tell us your preference (e.g., if you are unconscious) we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory



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In the following cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising we may contact you for fundraising efforts, but you can tell us not to contact you again.

### **OUR USES AND DISCLOSURES**

We use and disclose health information about you for treatment, payment activities and our operations. Examples:

**Treatment:** We may use or disclose your protected health information to a physician or healthcare provider providing treatment to you.

**Payment:** We may use or disclose your protected health information to obtain payment for services we provide to you.

**Our Operations:** We may use and disclose your protected health information in connection with our operations. These operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Public health and safety issues.** We are allowed or, in some cases, required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law.

**Your Authorization:** In addition to our use of your protected health information for treatment, payment or Easterseals operations, you may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your protected health information to you, as described in the Your Rights section of this Notice. As also noted in that section, we may disclose your protected health information to a family member, friend, or other person to the extent necessary to help with your services/treatment or with payment of your services but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose protected health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of our location, your general condition or death. If you are present, then prior to the use of the disclosure of your protected health information we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency



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circumstances, we will disclose protected health information based on a determination using our professional judgement, disclosing only protected health information that is directly relevant to the person's involvement in your treatment.

**Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions.** We can share health information about you in response to certain court or administrative orders, or in response to certain subpoenas.

**Appointment Reminders:** In accordance with your rights "Alternative Communications" right described above, we may use or disclose your protected health information to provide you with appointment reminders (such as voicemail messages, postcards, letters and/or email messages.)

### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### CONTACT INFORMATION

If you want more information about our privacy practices or have questions or concerns, please contact us.

**Contact Information:** Privacy Officer  
Easterseals Delaware & Maryland's Eastern Shore  
61 Corporate Circle  
New Castle, DE 19720-2405  
Confidential HIPAA Hotline Phone: (844) 919-TIPS (8477); email: [Compliance@esdel.org](mailto:Compliance@esdel.org)

This Notice of Privacy Practices applies to Easterseals Delaware & Maryland's Eastern Shore whose website is [www.easterseals.com/de/](http://www.easterseals.com/de/) and whose current locations may be found at [www.easterseals.com/de/who-we-are/locations/](http://www.easterseals.com/de/who-we-are/locations/)