



# School Age Services

## Easter Seals Superior California

Dear Easter Seals Superior California Client/Consumer,

Under a federal law called the Health Insurance Portability and Accountability Act (HIPAA), covered health care organizations across the nation, including Easter Seals Superior California must have a Notice of Privacy Practices and provide you with a copy.

### What's Inside?

Two important items. There is a copy of our Notice of Privacy Practices for you to review and keep for future reference. And, there is a Questions and Answers document so that you can learn more about HIPAA.

### What do you need to do?

Please take a moment to review the Notice. It tells you about your rights and obligations concerning your health information.

We hope you find the enclosed information helpful. We take our responsibility to protect your health information seriously and, as in the past, we will continue to take appropriate steps to safeguard that information. As always, thank you for entrusting your health care to Easter Seals Superior California.

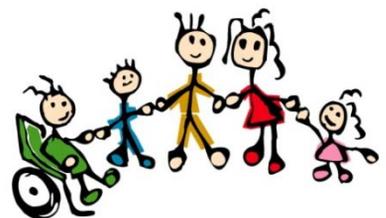
Regards,

A handwritten signature in black ink that reads "Gary T. Kasai".

Gary T. Kasai  
President/CEO  
Easter Seals Superior California

A handwritten signature in black ink that reads "Terrie Makin".

Terrie Makin  
Privacy Officer  
Easter Seals Superior California



Children with disabilities will have equal opportunities to live, learn, work, and play in their community.



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## Questions and Answers on HIPAA

### What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a complex federal regulatory effort that has many parts and purposes. One part of HIPAA called Administrative Simplification concerns standards for health care administration and the transmission of health information. Most important, HIPAA focuses on the privacy and security of your health information.

### If HIPAA has been around since 1996, what has changed?

Different parts of HIPAA have taken effect at different times. The federal Department of Health and Human Services (DHHS) is overseeing HIPAA. One of DHHS' responsibilities is issuing the regulations under HIPAA Administrative Simplification. The Privacy Rule is a new HIPAA regulation that takes effect on April 14, 2003. Developing the Privacy Rule was a long process. DHHS drafted a proposed rule, then requested written comments and testimony from many sources, including consumers and the health care industry. DHHS reviewed the many thousands of comments it received, then made some additional changes and requested further comments. In August 2002, after reviewing thousands more comments, DHHS made some additional changes and issued the final Privacy Rule on August 14, 2002.

### How does the HIPAA Privacy Rule affect me?

Although there are already state and other federal laws covering health care organizations, the HIPAA Privacy Rule creates a comprehensive minimum federal standard for the use and disclosure of such protected health information by these organizations. The HIPAA Privacy Rule also grants some new rights and protections to you as a health care consumer. For example, HIPAA gives you the right to receive a Notice of Privacy Practices from covered health organizations like Easter Seals Superior California. You can find out more about your rights and our obligations concerning your protected health information by reviewing our Notice. These new privacy regulations take effect April 14, 2003.

### What is Easter Seals doing now to protect my privacy?

We currently follow state and federal patient confidentiality laws and take appropriate steps to safeguard the privacy of our clients' and consumers' protected health information. We have confidentiality and security procedures at our office and facilities. We store medical records and patient information in secure areas with limited access. We use electronic safeguards like password codes and internal "firewalls" to protect our electronic information systems containing medical, claims and other sensitive information from unauthorized access. Personnel with access to protected health information are trained and monitored for compliance with confidentiality and security policies. We are evaluating our policies, procedures and systems to see what modifications are necessary to comply with HIPAA regulations.

### What kind of personal information does the HIPAA Privacy Rule cover?

The HIPAA Privacy Rule applies to protected health care information. In general terms, protected health information is health information that contains information like a name or Social Security number that reveals who the person is. In very detailed terms, protected health information is the individually identifiable information created and kept by a covered health care organization like Easter Seals Superior California about a person's past, present, or future physical or mental health condition, the provision of healthcare to the person, or future payment for that health care. HIPAA privacy requirements apply to protected health information in written, electronic or oral form. You could be individually identified from any of the following information for example:

- \* Names, addresses and phone numbers
- \* Names of relatives and employers
- \* Birth Date
- \* Email addresses and fax numbers
- \* Social Security Number
- \* Medical Record Number



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## Is Easter Seals Superior California required to get my written permission before using and/or disclosing my protected health information for purposes not related to treatment, payment or health care operations?

Easter Seals is often required to get your written permission to use or disclose your protected health information for other purposes, but not always. That's because certain uses and disclosures of protected health information are authorized by law without your written permission. One example is if you become ill with certain contagious diseases or other reportable conditions like measles, that information must be reported to state public health agencies. In our Notice of Privacy Practices, we tell you more about these situations.

## Will the HIPAA Privacy Rule affect my ability to get health care?

No. The HIPAA Privacy Rule does not change where or from whom you receive your health care. The Privacy Rule is about your rights and our obligations with respect to your protected health information.

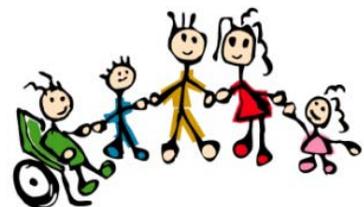
## What if I have a complaint about Easter Seals Superior California's compliance with HIPAA privacy regulations?

You can write to our Privacy Officer at the following address:

Easter Seals Superior California  
Privacy Officer  
3205 Hurley Way  
Sacramento, CA 95864

## Is there anything I need to do about HIPAA?

Yes. We encourage you to please carefully read our Notice of Privacy Practices. It provides important information about your rights concerning your protected health information. If you still have questions after reading these questions and answers please write to the Privacy Officer at the address listed above.





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## Notice of Privacy Practices

### EASTER SEALS SUPERIOR CALIFORNIA

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**

In this notice we use the terms “we”, “us” and “our” to describe Easter Seals Superior California. For more details, please refer to section IV of this notice.

#### What is “Protected Health Information?”

Your protected health information (PHI) is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record number is PHI, because it includes your name and other identifiers.

\* Information from clients/consumers, for example, through surveys, applications and other forms, and on-line communications; and ;

\* Information about your relationship with Easter Seals Superior California, such as medical services received, claims history, and information from your benefits plan sponsor or employer about group health care coverage you may have.

#### About Our Responsibility to Protect your PHI

By law we must:

- 1) protect the privacy of your PHI,
- 2) tell you about your rights and our legal duties with respect to your PHI, and
- 3) tell you about our privacy practices and follow our notice currently in effect.

We take these responsibilities seriously and , as in the past, we will continue to take appropriate steps to safeguard the privacy of your PHI.

In the course of providing health care, we collect various types of PHI from clients and consumers and other sources, including other health care providers. The medical information may be used for example, to provide health care services and customer services, evaluation benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of PHT that we collect and maintain about clients and consumers include, for example:

\* Hospital, medical, mental health and substance abuse records, laboratory results, X-ray reports, pharmacy records and appointment records;

#### Your Rights Regarding Your PHI

This section tells you about your rights regarding your PHI- for example, your medical and billing records. It also describes how you can exercise these rights.

##### Your right to see and receive copies of your PHI

In general, you have a right to see and receive copies of your PHI in designated record sets such as your medical record or billing records. If you would like to see or receive a copy of such a personal record please write to us at [Easter Seals Superior California, Privacy Officer, 3205 Hurley Way, Sacramento, CA 95864](#). After we receive your written request, we will let you know when and how you can see or obtain a copy of your record. If you agree, we will give you a summary or explanation of your PHI instead of providing copies. We may charge you a fee for the copies, summary or explanation. If we don't have the record you asked for but we know who does, we will tell you whom to contact to request it. In limited situations, we may deny some or all of your request to see or receive copies of your records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

##### Your right to choose how we send PHI to you

You may ask us to send your PHI to you at a different address (for example, your work address) or by different



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means (for example, fax instead of regular mail). When we can reasonably and lawfully agree to your request, we will. However, we are permitted to charge you for any additional cost of sending your PHI to different addresses or by different means.

## Your right to correct or update your PHI

If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record. Please write to us and tell us what you are asking for and why we should make the correction or addition. You may contact us at **Easter Seals Superior California, Privacy Officer, 3205 Hurley Way, Sacramento, CA 95864**. We will respond in writing after receiving your request. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. Your statement must be limited to 250 words for each item in your record that you believe is incorrect or incomplete. You must clearly tell us in writing if you want us to include your statement future disclosures as we make that statement part of your record. We may include a summary instead of your statement.

## Your right to an accounting of disclosures of PHI

You may ask us for a list of our disclosures of your PHI. Write to **Easter Seals Superior California, 3205 Hurley Way, Sacramento, CA 95864**. The list we give you will include disclosures made in the last six years, unless you request a shorter time or if less than six years have passed since April 14, 2003. For example, if you requested a list of disclosures on April 14, 2005, the list would only cover two years.

You are entitled to one disclosure accounting in any 12-month period of time at no charge. If you request any additional accountings less than 12 months later, we may charge you a fee.

An accounting does not include certain disclosures, for example, disclosures to carry out treatment, payment and health care operations; disclosures that occurred prior to April 14, 2003; disclosures for which Easter Seals had a signed authorization; disclosures of your PHI to you; or disclosures to persons involved in your care and persons acting on your behalf.

## Your right to request limits on use and disclosures of your PHI

You may request that we limit our uses and disclosures of your PHI for treatment, payment and health care operations. However, by law, we do not have to agree to your request. Because we strongly believe that this information is needed to appropriately manage the care of our clients/consumers, it is our policy to not agree to requests for restrictions.

## Your right to receive a paper copy of this notice

You also have the right to receive a paper copy of this notice upon request.

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## Easter Seals Subject to this Notice

This notice applies to the Easter Seals Superior California Region which includes all programs and services offered within our 13-county area. This area includes the counties of Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tuolumne, Yolo and Yuba.

To provide you with the health care that you expect, to treat you, and to conduct our operations, such as quality assurance, accreditation, licensing and compliance, Easter Seals Superior California's programs and services may share your PHI with each other.

Our personnel may have access to your PHI either as employees, physicians, professional staff and others authorized to enter information in a Easter Seals Superior California medical record, volunteers or persons working with us in other capacities.

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## How We May Use and Disclose Your PHI

Your confidentiality is important to us. Our employees are required to maintain the confidentiality of the PHI of our clients/consumers, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. Sometimes we are allowed by law to use and disclose certain PHI without your written permission. We briefly describe these uses and disclosures below and give you some examples.

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder or to



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confirm that you are a client/consumer. At other times, we may need to use or disclose more PHI, such as when we are providing you medical treatment.

- \* **Treatment:** This is the most important use and disclosure of your PHI. For example, our staff involved in your care and disclosure your PHI to diagnose your condition and evaluation your health care needs. Our staff will use and disclose your PHI in order to provide and coordinate the care and services you need. If you need care from health care providers other than Easter Seals, such as community resources to assist with your health care needs at home, we may disclose your PHI to them.
- \* **Treatment alternatives and health-related benefits and services:** In some instances, the law permits us to contact you: 1) to describe our services; 2) for your treatment; 3) for case management and care coordination; or 4) to direct or recommend available treatment options, therapies, health care providers, or care settings. For example, we may provide you with educational or health management information.
- \* **Payment:** Your PHI may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may request and receive information on date of service, the services provided and the medical condition being treated.
- \* **Health care operations:** Your PHI may be used as necessary to support the day-to-day activities and management of Easter Seals Superior California. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
- \* **Business associates:** We may contract with business associates to perform certain functions or activities on our behalf, such as payment or health care operations. These business associates must agree to safeguard your PHI.
- \* **Appointment reminders:** Your PHI allows us to contact you about appointments for treatment or other health care you may need.
- \* **Communications with family and others when you are present:** Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI or we will ask the person to leave.
- \* **Communications with family and others when you are not present:** There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care.
- \* **Disclosure in care of disaster relief:** We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist in disaster relief efforts, unless you object at the time.
- \* **Disclosures to parents as personal representatives of minors:** In most cases, we may disclose your minor child's PHI to you. In some situations, however we are permitted or even required to deny your access to your minor child's PHI. An example of when we must deny access to parents is when minors have adult rights to make their own health care decisions. These minors include, for example, minors who were or are married or who have a declaration of emancipation from a court.
- \* **Facility Directories:** When you are a client/consumer in one of our facilities, we may create a directory that includes your name and location. This information may be disclosed to a person who asks for you by name. You may object to the use or disclosure of some or all of this information. If you do, we will not disclose it to visitors or other members of the public.
- \* **Public health activities:** Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI.



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For example, we may disclose your PHI as part of our obligation to report to the public health authorities certain diseases, injuries and conditions. Sometimes we may disclose your PHI to someone you may have exposed to a communicable disease or who may otherwise be at risk of getting or spreading the disease.

We may use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.

- \* **Health Oversight:** As a health care provider, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process, they may review your PHI.
- \* **Military activity and national security:** We may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for the national security and intelligence activities or for protection of the president and other governmental officials and dignitaries.
- \* **Marketing:** Easter Seals may use and disclose your PHI to contact you about benefits, services, or supplies that we can offer you in addition to your Easter Seals services.
- \* **Newsletters and Fundraising:** Easter Seals may use your PHI to send you informational newsletters, announcements and information on participating in fundraising opportunities. To decline participation in these types of contact, please write to Easter Seals Superior California, Privacy Officer, 3205 Hurley Way, Sacramento, CA 95861.
- \* **Required by law:** In some circumstances federal or state law requires that we disclose your PHI to others. For example, the secretary of the Department of Health and Human Services may review our compliance efforts which may include seeing your PHI.

\* **Lawsuits and other legal disputes:** We may use and disclose your PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose your PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.

\* **Law Enforcement:** We may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, or help identify or locate someone.

\* **Serious threat to health or safety:** We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.

\* **Abuse or neglect:** By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect or domestic violence.

\* **Coroners and funeral directors:** We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.

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## All Other Uses and Disclosures of Your PHI Require Your Prior Written Authorization

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation.



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## How to Contact Us About This Notice or to Complain About our Privacy Practices

If you have any questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by writing to **Easter Seals Superior California, Privacy Officer, 3205 Hurley Way, Sacramento, CA 95864**. You may also notify the secretary of the Department of Health and Human Services.

We will not take retaliatory action against you if you file a complaint about our privacy practices.

## Changes To This Notice

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal laws. Any revised notice will apply to both the PHI we already have about you and any PHI created or received after the change takes effect. If we make an important change to our privacy practices, we will promptly change this notice and provide you with a new notice and on our Web site at [www.myeasterseals.org](http://www.myeasterseals.org). Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice.

## Effective Date of This Notice

This notice is effective April 14, 2003

## Easter Seals Superior California Corporate Offices

3205 Hurley Way  
Sacramento, CA 95864



Children with disabilities will have equal opportunities to live, learn, work, and play in their community