

## **RIGHTS & PRIVACY**



The following brochure is intended to provide a general overview of the rights of people we support. An individual's rights may vary by age, legal representation, or legal status, but may not be restricted without due process, either through the legal system, or through a review process which is the same for all people served.

If you have questions or concerns about this brochure, or if you wish to request a copy, please contact our main office by calling: 1-800-662-7119, and ask to speak to any member of the Quality Management program.

*Permítanos por favor para saber si usted necesita este documento en español.*

### **YOUR RIGHTS AS A PERSON SERVED BY ESUCP**



You have the right to make **choices** in all planning and decisions regarding your care.



You have a right to **confidentiality**—that means your personal information is kept private.



You have a right to request to see, add to and receive a copy of **written information** about you.



You have the right to have all of your **questions** answered regarding the benefits and potential risks of any services.



You have the right to live, work and play in **safe environments**.



You have the right to **refuse** any services offered, or to change your mind about consents you have made.



You have the right to file a complaint or **grievance** if you are unsatisfied with our services.



You have a right to request and receive a **copy** of this document.



You have the right to request additional **information** about any of your rights.



You have the right to **freedom from abuse**, neglect, mistreatment or exploitation.



You have the right to choose the people with whom you **associate**, including your service providers.









You have the right to expect **timely** response to your questions and concerns.




# GENERAL APPLICATION HANDOUTS



**Camp Easterseals UCP**  
**(540) 777-7325**  
**Fax (540) 777-2194**

## YOUR RIGHTS AS A CITIZEN AND AS A PERSON

-  You have the right to **vote** and engage in the process of government.
-  You have the right to **due process**, to access legal counsel, and to **appeal** decisions made about services.
-  You have the right to buy, sell, or dispose of, personal **property**.
-  You have the right to equal **employment** opportunity.
-  You have the right to freedom of **religious** expression.
-  You have the right to your **personal** privacy.

-  You have the right to freedom of **expression**.
-  You have the right to have control over your own **money**.
-  You have the right to access **healthcare** when you are not well.
-  You have the right to be free from **unnecessary medication** and for medications not to be used for punishment, discipline or staff convenience.
-  You have the right to marry, have children and raise a **family**.
-  You have the right to freedom of **movement**.
-  You have the right to a **fair and equal** education.

## RIGHTS

The above is a brief listing of your rights. If you would like more information, please contact the program supervisor.

### *If you have a concern:*

We want to know if, at any time, you are not satisfied with your services. If you have a concern, please call:

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

### *If you wish to file a grievance:*

If your concern cannot be resolved locally to your satisfaction, you also call a member of our Quality Management (QM) program:

QM Staff: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: QM@eastersealsucp.com

Outside of Easter Seals UCP, you can contact your Managed Care Organization (MCO) in NC or the Community Service Board (CSB) in VA or any one of the following oversight or advocacy agencies.

MCO/CSB: \_\_\_\_\_ Phone: \_\_\_\_\_

Disability Rights North Carolina Phone: 1-877-235-4210  
 TTY: 1-888-268-5535

Virginia Office for Protection and Advocacy Phone: 1-800-552-3962  
 (Aka Disability Law Center)

NC Division of MHDDSA Services  
 Customer Services & Community Rights Phone: 1-919-715-3197

VA DBHDS Office of Human Rights (Deb Lochart, HR Director) Phone: 1-804-786-0032

NC DHHS Customer Service Center  
 CARE-LINE Information & Referral Phone: 1-800-662-7030  
 TTY: 1-877-452-2514

## PRIVACY & CONFIDENTIALITY

You have specific rights regarding privacy, including the right to request:

- With whom we talk about you;
- How we communicate with you;
- To see and receive copies of information contained in your record;
- To request changes or make additions to your record;
- To receive a list of disclosures about you that we have made;
- To receive a full copy of ESUCP's Notice of Privacy Practices;
- And to request restrictions on disclosures about you.

This is not intended to be a replacement for our full Notice of Privacy Practices. ESUCP is required to provide this upon admission and when requested. Please speak with your ESUCP Representative if you have questions.

*If you have a concern or wish to initiate the complaint or grievance process contact any ESUCP Representative for guidance.*

*If you wish to file a complaint about our privacy practices:*  
 Please contact ESUCP's Privacy Officer at:

Email: [fred.waddle@eastersealsucp.com](mailto:fred.waddle@eastersealsucp.com) or Phone: 1-800-662-7119 ext.8722

To speak with someone outside of Easter Seals UCP NC & VA, you can also contact:

Office for Civil Rights  
 US Department of Health and Human Services  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, DC 20201  
 Or Call

Global Compliance, ESUCP's Confidential 3<sup>rd</sup> Party Reporting System at 1-866-730-0038

**Filing a complaint about ESUCP's services or privacy practices will not affect your services.**



**GRIEVANCE DOCUMENTATION FORM**

Easter Seals UCP North Carolina & Virginia (ESUCP) is committed to protecting the rights and dignity of the persons we serve at all times. This means always treating you with respect and assuring that your wishes and choices are listened to and honored to the best of our ability. If you believe that we have fallen short of this goal, we want you to notify us. In the space below, please describe your complaint. Your information will be kept private and will not affect your services or your family member’s services in any way. An Easter Seals UCP representative will contact you to make sure that your concerns have been addressed.

**Please provide us with your contact information:**

Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Eve)

Person Served: \_\_\_\_\_

Relationship (circle): Self Parent Other: \_\_\_\_\_

**Please list the staff involved, if applicable, and the services received:**

Staff Involved: \_\_\_\_\_

Services Provided: \_\_\_\_\_

**Please describe your complaint or concern in the space below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Complaint or Concern

\_\_\_\_\_  
Date

*Please mail this form to:*

*Or fax to:*

*Or contact  
Global Compliance directly  
1-866-730-0038*

ESUCP Quality Management  
5171 Glenwood Avenue; Ste 400  
Raleigh, NC 27612

ESUCP Quality Management  
1-919-893-3868

Date Received:  
Received By:

For ESUCP Internal Use Only  
Comments:

## **NOTICE OF PRIVACY PRACTICES**

Easter Seals UCP NC & VA (ESUCP) has a legal duty to protect private information about you. We are required to protect the privacy of health information about you or the person receiving services. We are required to follow the procedures in this Notice. An ESUCP representative will review the contents of this notice with you on an annual basis; however, we reserve the right to change the terms of this Notice at any time, and to make new notice provisions by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (at any of our area offices);
- Posting the revised notice on our website.

WE MAY DISCLOSE INFORMATION UNDER THE FOLLOWING CONDITIONS.

### **1. We may disclose information about you to provide services.**

This may include communicating with other health care providers regarding your treatment. For example, we may disclose information when you need a referral for other health care services, or to receive authorization to begin services. If you are a Medicaid beneficiary residing in NC, we may contact Community Care of North Carolina/Carolina Access, NC's Medicaid program. CCNC/CA provides you with a medical home and a primary care provider (PCP).

### **2. We may disclose information about you to obtain payment for services.**

Generally, we may disclose your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your insurer to assure that services are covered. *However, you have the right to limit sharing of your PHI with health plans if you choose to pay out-of-pocket for your services.*

### **3. We may disclose your information for health care operations.**

We may disclose information about you in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may disclose information about you for "health care operations" include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you or the person receiving services.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include the NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services; Local Management Entities; or the NC Council of Community Programs.
- Resolving grievances within our organization.
- Reviewing activities and using or disclosing information in the event that control of our organization changes significantly.

### **4. We may disclose information to persons involved in your care.**

We may disclose information about you to a relative, or any other person you identify if that person is involved in your care if the information is relevant to your care. If the person receiving services is a minor, for instance, we may disclose information about the minor to a parent,

guardian, or other person responsible for the minor except in limited circumstances. We may also disclose information about you to a relative or other person involved in your care if there is an emergency situation, and we need to notify someone of your condition.

You may request that we not disclose information to persons involved in your care. We will generally comply with your request, unless there is an emergency, or if the person is a minor. If the person is a minor, we may or may not be able to comply with your request.

**5. We may disclose information to facilities/providers when necessary.**

We may share your confidential information regarding your services through ESUCP with any other facility / provider when necessary to coordinate appropriate and effective care, treatment or habilitation. For these purposes, coordinate means the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and other health or related services to other facilities and includes referring you from ESUCP to another facility.

**6. Other circumstances in which ESUCP may disclose information about you.**

We may disclose information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include *but are not limited to*:

- When the disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding, or when the disclosure relates to victims of abuse, neglect or domestic violence.
- When the disclosure is in your best interest for purposes of filing a petition for involuntary commitment or for purposes of filing a petition for the adjudication of incompetency and the appointment of a guardian or an interim guardian.
- When you are voluntarily admitted or involuntarily committed and facing district court hearings and rehearings. ESUCP shall furnish information to your counsel, the attorney representing the State's interest, and the court. The confidentiality of your information shall be preserved in all matters except those pertaining to the necessity for admission or continued stay in a facility or commitment under review. The relevance of confidential information for which disclosure is sought in a particular case shall be determined by the court with jurisdiction over the matter.
- When the disclosure is for health oversight activities. For example, we may disclose information about you to a state or federal health oversight agency which is authorized by law to oversee our operations or to assure the public health.
- When the disclosure is for law enforcement purposes. For example, we may disclose information about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries, or in reporting of missing persons.
- When the disclosure is to avert a serious threat to health or safety. For example, we may disclose information about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the disclosure is in your best interest, ESUCP may disclose admission/discharge information to your next of kin.
- When the disclosure is upon the request of the legally responsible person (LRP) except information that would be injurious to your physical or mental well-being as determined by the attending physician or, if there is none, by the ESUCP director or designee. If the attending physician or, if there is none, the ESUCP director or designee has refused to

provide confidential information to the LRP, the LRP may request that the information be sent to a physician or psychologist of the LRP's choice, and ESUCP will honor the request.

- When your advocate (either internal or external) requests confidential information about you. It is the advocate's responsibility for safeguarding this information which may include access to routine reports and other confidential information necessary to fulfill his monitoring and advocacy functions. In this role, your internal advocate may disclose confidential information received to you, to your legally responsible person, to the ESUCP director or designee, or to other individuals within ESUCP who are involved in your treatment or habilitation. Any further disclosure shall require your and your LRP's written consent.
- When the disclosure relates to correctional institutions and in other law enforcement custodial situations. ESUCP may provide confidential information to the Department of Correction (DOC) when requested regarding any individual of that facility when the inmate has been determined by the DOC to be in need of treatment for MHDDSA concerns. Confidential information disclosed is restricted from further disclosure. For example, in certain circumstances, we may disclose information about you to a correctional institution having lawful custody of you.
- When you go missing and subsequently return to a 24-hour facility.
- When disclosure is for educational services through a government agency. ESUCP may disclose your identifying information to the Department of Public Instruction. Disclosure is limited to the information necessary to establish, coordinate, or maintain educational services.

**7. We may disclose information about you with your authorization.**

Under any circumstances other than those listed above, we will ask for your written authorization before we disclose information about you. If you sign a written authorization allowing us to disclose information about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose information about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

**8. We may disclose demographic and other information related to fundraising.**

Demographic information, dates of healthcare services, department providing services, physician, health plan status, and outcomes can be used for fundraising without authorization. This information will not contain any personally identifiable references or breach confidentiality.

**YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.**

1. ***You have the right to request restrictions on disclosures of information about you.*** We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Department of Health and Human Services, and disclosures described in the previous section of this Notice. You may request a restriction by notifying ESUCP's Local Manager.

2. ***You have the right to request different ways to communicate with you.*** You have the

right to request how and where we contact you. For example, you may request that we contact you at your work address or phone number or by email. You may request alternative communications by notifying ESUCP's Site Manager in your area in writing.

3. ***You have the right to request to see and receive a copy of information created by ESUCP contained in ESUCP's clinical record to include the Treatment Plan.*** There are certain situations in which we are not required to comply with your request. In this case, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy by notifying ESUCP's Site Manager by using the included form titled "Protected Health Information (PHI) Individual Request". You may request an electronic copy of your information if it is available in an electronic format.
4. ***You have the right to request amendments or changes to clinical, billing and other records used to make decisions about you.*** If you believe that we have information that is either inaccurate or incomplete, we may add information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you wish to add an amendment to the clinical record, complete the "Protected Health Information (PHI) Individual Request" form and give it to your Site Manager. Any amendments made must be done in the presence of an ESUCP representative. The ESUCP representative may add an additional response to your amendment, but only in your presence. We may deny your request to change or delete entries in the clinical record. If we deny your request, we will explain our reasons for doing so in writing.
5. ***You have the right to receive a written list of disclosures about you.*** You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are not required to include disclosures:
  - For your treatment;
  - For billing and collection of payment for your treatment;
  - For our health care operations;
  - Authorized by you, or which are made to individuals involved in your care;
  - Allowed or required by law when the use and/or disclosure relates to certain specialized government functions;
  - As part of a limited set of information which does not contain certain information which would identify you.The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. You may request a listing of disclosures by notifying ESUCP's Site Manager in your area in writing.
6. ***You have the right to request a paper copy of this Notice at any time by notifying ESUCP's Site Manager in your area.*** We will provide a copy of this Notice on the date you begin receiving services from us.
7. ***You have the right to request restrictions on uses and disclosures.*** You have the right to request that we limit the disclosure of information about you for treatment, payment and health care purposes. We are not required to comply with your request; however, such



requests can be made in writing by completing the “Protected Health Information (PHI) Individual Request” form. Give this form to your ESUCP Site Manger and they will guide you through the process.

8. ***You have the right to opt-out of having your PHI used for fundraising purposes.***
9. ***Sale of your PHI by ESUCP is prohibited.*** ESUCP (the Covered Entity) is prohibited from the unauthorized disclosure of PHI through which ESUCP receives any type of remuneration, **directly or indirectly.**
10. ***ESUCP is prohibited to use or disclose genetic information of individuals and their family members.*** For purposes of the Privacy Rule, genetic information is considered to be “health information”.

**YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.**

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact an ESUCP Representative, or use the Privacy Complaint Form. Filing a complaint will not affect your services.

**Privacy Officer—ESUCP NC & VA  
5171 Glenwood Avenue; Ste. 400  
Raleigh, NC 27612  
919-783-8898  
HIPAA@eastersealsucp.com**

**Office for Civil Rights  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201**





**PROTECTED HEALTH INFORMATION—INDIVIDUAL REQUESTS**

*Please note that Easter Seals UCP North Carolina & Virginia (ESUCP) is not required in all instances to comply with requests regarding Protected Health Information (PHI). If we deny any of your requests, however, we will provide an explanation of this denial in writing. Please see the ESUCP Notice of Privacy Practices.*

Name of Person Served: \_\_\_\_\_

Date of Birth of Person Served: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Daytime Ph): \_\_\_\_\_ Evening Ph): \_\_\_\_\_ Circle Primary #

Request for Restriction of Disclosure of Information

You have the right to request specific restrictions about disclosure of your personal information in day to day operations (i.e., not to share information with a particular person). Please use the space below to describe what information should be restricted, and from whom.

\_\_\_\_\_  
\_\_\_\_\_

Request to Amend Method of Contact

I understand that one of my rights as a person served is to choose how I am contacted. I *DO/DO NOT (please circle one)* give permission for ESUCP representative to contact me at work. Furthermore, I *DO/DO NOT (please circle one)* give permission for ESUCP representatives to leave voice messages for me at *HOME/WORK/BOTH/NEITHER (please circle one)*.

Request to Inspect and Copy Protected Health Information such as the Treatment Plan.

I am financially responsible for the following fees associated with my request and may be charged up to \$5.00 for the first three pages and \$0.15 per each additional page. I understand that and ESUCP representative may first explain to me the contents of the clinical record before providing access and/or copies.

Please provide a description of the information you wish to be provided access to and/or copies of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If being provided a copy, please indicate how you would like the record delivered (if delivered as in an email, the subject line will be marked ‘confidential’) and provide the following information:

Current Mailing Address:

Email Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax Number:

\_\_\_\_\_

\_\_\_\_\_

Request for Correction/Amendment of Protected Health Information (PHI)

Entry to be amended:

Service note  History  Correspondence  Other: \_\_\_\_\_





**PRIVACY COMPLAINT FORM**

Easter Seals UCP values the privacy of the people we serve and are committed to operating in a manner that preserves your confidentiality while providing high quality services.

If you believe that we have fallen short of this goal, we want you to notify us. In the space below, please describe your complaint. Your information will be kept private and will not affect your services or your family member’s services in any way. An Easter Seals UCP representative will contact you to make sure that your concerns have been addressed.

**Please provide us with your contact information:**

Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Eve)

Person Served: \_\_\_\_\_

Relationship (circle):    Self    Parent    Other: \_\_\_\_\_

**Please list the staff involved, if applicable, and the services you receive:**

Staff Involved: \_\_\_\_\_

Services Provided: \_\_\_\_\_

**Please describe your complaint or concern in the space below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please mail this form to:*  
ESUCP Privacy Officer  
5171 Glenwood Avenue; Ste 400  
Raleigh, NC 27612

*Or fax to:*  
ESUCP Privacy Officer  
919-863-3868  
Attn. Fred Waddle

*Or email us at:*  
Fred.waddle@eastersealsucp.com

*Or you may contact our 3<sup>rd</sup> party confidential reporting hotline:*    *Global Compliance at 1.866.730.0038*

For ESUCP Internal Use Only

Date Received: \_\_\_\_\_    Comments: \_\_\_\_\_  
Received By: \_\_\_\_\_