

HIPAA Notice of Privacy Practices

Easterseals Eastern Pennsylvania

This notice describes how health information about you may be used and disclosed and how you can get access to this information. The use of “you” or “your” throughout this notice can also be understood to mean your child when your child is the consumer and you are the legal guardian.

If you have any questions about this notice, contact:

Privacy Officer
Easterseals Eastern PA
1501 Lehigh St., Suite 201
Allentown, PA 18103
(610) 289-0114 x213

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your therapist or others working in this agency. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private.
- give you this notice of our legal duties and privacy practices with respect to health information about you.
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to therapists, doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our agency or at a doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes.

For Payment. We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give information about your office visit to your health plan so that they can pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our consumers receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many consumers to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We will not provide or use genetic information for underwriting purposes. We may remove information that identifies you from this set of health

information so others may use it to study health care delivery without learning who our specific consumers are. You have the right to request that disclosures not be made to health insurance companies about care that you have paid for out of pocket; however, we are allowed to honor this ONLY if disclosure is NOT required by law.

Fundraising Activities. We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. We may disclose health information to a foundation related to our practice so that the foundation may contact you in raising money for our practice. We will only release contact information, such as your name, address, and phone number and the dates you received treatment or services from us. You have the right to opt out of receiving fundraising information. You may do so by e-mail to info@esep.org or calling 610-289-0114x225.

Marketing Communications. We will not mail or e-mail you any marketing materials from outside companies without your permission. We may discuss with you in person any product or service which you are currently receiving, treatment alternatives and related functions.

Sale of Protected Health Information. Your PHI may be sold for financial or non-financial remuneration only if authorized by you.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability.
- to report child abuse or neglect.
- to report reactions to medications or problems with products.
- to notify people of recalls of products they may be using.
- to notify person or organization required to receive information on FDA-regulated products.
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process.
- about a death we believe may be the result of criminal conduct.
- about criminal conduct at our facility.
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about consumers to funeral directors as necessary to carry out their duties. We will make relevant disclosures to deceased family members and friends under the same circumstances as such disclosure is permitted when the patient is alive. Please note that HIPAA provisions do not apply 50 years after patient's death.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information (paper or electronic) that may be used to make decisions about your care. Usually, this includes health and billing records. To inspect and copy health information about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies and services associated with your request.

We may deny your request in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another professional chosen by our agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to the Privacy Officer, and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- is not part of the health information kept by or for our agency.
- is not part of the information which you would be permitted to inspect and copy.
- is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures. You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described. To request this list of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not exceed a total of 60 days from the date you made the request. In the event of a breach you have the right to receive notification from us.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You have the right to restrict disclosures of PHI to a health plan if the PHI relates to services for which you the individual has paid the provider in full. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we restrict a

specified therapist or teacher from use of your information. You have the right to request non-disclosure of PHI to a health plan for services which you have paid out of pocket, unless we are required by law to provide that information.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance, believe it will negatively impact the care we may provide you or if the disclosure is required by law. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Breach. In the event of a breach of your PHI, you will be notified of said breach if, after an internal investigation, it is determined that there is probability of PHI compromise.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from the Privacy Officer. You may also obtain a copy of this notice from our website, www.easterseals.com/esep. You may request a copy be sent through electronic mail by contacting the privacy officer. If we know that the electronic message has failed to be delivered, a paper copy of the notice will be provided. Even if you have received a notice electronically, you still retain the right to receive a paper copy upon request.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain the effective date. In addition, each time you are readmitted to our services for treatment, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Privacy Officer. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health by contacting 1-800-254-5163. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Effective date: 11/1/2023