



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

ABOUT THIS NOTICE:

This notice tells you about:

- Your privacy rights;
- Easter Seals North Texas' (ESNT) duty to protect health information that identifies you;
- How ESNT may use or disclose health information that identifies you with or without your written permission.

This notice does not apply to health information that does not identify you or anyone else.

In this Notice of Privacy Practice, "medical information" means the same as "health information." Health information includes any information that relates to:

1. Your past, present or future physical health or mental health or condition;
2. Provision of health care services to you; or
3. The past, present or future payment for your health care.

Easter Seals North Texas is required by law to maintain the privacy of this information, known as **Protected Health Information or PHI**, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, and lets you know how ESNT is permitted to use and disclose your PHI.

ESNT is also focused on protecting your **Personally Identifiable Information or PII**. Your PII can be information specific to you (that is not health related) but when used alone or with another piece of information could identify you to another. Examples of PII are an account number, zip code, date of birth, social security number and even a picture of you. Any of these elements of personal information, if in the wrong hands, could unfortunately lead to identity theft or other challenges.

ESNT understands the serious responsibility of maintaining the security of any information given to us. We have implemented a number of security features within our day-to-day processes and train our staff/contractors to be focused on maintaining your confidentiality and privacy.

YOUR PRIVACY RIGHTS

The law gives you the right to:

- Look at or get a copy of the health information ESNT has about you, in most situations.
 - Any client of ESNT can request to view their record. While this information is about you, the record is actually proprietary property of ESNT. You may ask to view the record and ESNT staff will arrange a time and location to sit with you while you review your record.
 - If you would like a copy of a document in your record and are an active client, you can request it from your treating professional. In most cases it can be copied for you.

- If you would like a copy of several documents and are an active client or if you are an inactive client requesting any records, you will need to sign a Release of Information authorizing your request. ESNT has up to 10 business days to complete this request.
 - While viewing the record, individuals cannot remove any documents from the record and cannot take smart phone or iPad pictures of documents.
 - ESNT has a Release of Information form you can sign to allow ESNT to do the following: share your information with another person or agency that you identify; it could allow another person or agency to share information with ESNT; or you can approve information sharing that may be back and forth. You will determine what information you want released and to whom. This process protects your privacy and ensures ESNT takes the correct action with your information.
 - You also have the right to determine how that information is shared – whether verbally, as a hard-copy mailed or for pick-up, electronically through encrypted email or through fax.
- Withdraw/revoke your authorization to release information at any time. Your intent to revoke your authorization must be written. You may be asked to also submit a new Release of Information clarifying your position on what can be released and to whom, if needed. Revocation will be implemented immediately upon receipt and will be attached to your original release to show the date of your revocation. Be aware that ESNT cannot be held responsible for the disclosure of any PHI or PII that followed the directives of a release that was in effect prior to your written revocation.
- Ask ESNT to correct certain information, including certain health information about you, if you believe the information is wrong or incomplete. You must submit your request in writing to the ESNT Vice President or Director of the program that has the information. If ESNT denies your request to change information, you can have your written disagreement placed in your record.
- Ask for a list of times ESNT has disclosed health information about you for reasons other than treatment, payment, healthcare operations and certain other reasons as provided by law, except when you have authorized or asked that ESNT disclose the information. You must put this request in writing. It would be helpful to include the name(s) of the ESNT program and the ESNT site you are/were served in your request.
 - ESNT is required by law to maintain the privacy of your PHI and PII. We also are required to notify you if there is a breach of your information.
- Ask ESNT to limit the use or disclosure of health information about you more than the law requires. However, the law does not require ESNT to agree to limit use and disclosure.
- Tell ESNT where and how to send you messages or mailings if you think calling your usual number or sending information to your usual address could put you in danger. You must put this request in writing and you must be specific about where and how to contact you so staff can honor your request.
- Have the ability to “opt out” of any emails received by ESNT for marketing and fundraising purposes by simply unsubscribing.
 - ESNT does not place client information in ESNT marketing and fundraising mailing list or email lists.
 - As a policy, ESNT does not sell client lists, marketing or fundraising lists or any other form of ESNT contact information.
- You may exercise any rights described above by contacting the ESNT Vice President or Director of the program that has information about you or by contacting the ESNT Vice President of Compliance as described at the end of this notice.

HOW ESNT MAY USE YOUR INFORMATION

ESNT may use or disclose health information about you for health oversight activities. Health oversight activities include:

- Treatment – verbal and written communication/documentation regarding your medical condition and/or your treatment. An example of this would be for ESNT Treatment Team/Plan of Care Reviews of progress, techniques, etc.
- Payment and billing for services –contact with your insurance agency/broker or with you or your designee;
 - You can request ESNT to restrict disclosure of your information to your health plan if:
 - a. The disclosure is for the purpose of payment or billing or for health care operations and is not otherwise required by law; and
 - b. The PHI or PII pertains to an item or service that you or another paid out of pocket in full and was not paid for, in whole or in part, by the health plan.
- Health care operations - Other uses and disclosures of PHI without your written consent such as:
 - In an medical or building emergency; at the official request of the Public Health Department; government investigations or proceedings; court orders and subpoenas for records; law enforcement activities; for workers' compensation purposes; audits or inspections;
 - Other activities necessary for oversight of the health care system, government benefit programs or to enforce civil rights law;
 - Investigations of whether ESNT is providing good care and other internal quality improvement activities.

VICTIMS OF ABUSE, NEGLECT, EXPLOITATION OR DOMESTIC VIOLENCE OR A SERIOUS THREAT TO SAFETY OR HEALTH

If ESNT suspects you are the victim of abuse, neglect, exploitation or domestic violence, ESNT is required by law to report this concern to the Department of Family & Protective Services (DFPS) or to the local law authority. ESNT is not required to obtain a release to make this report.

ESNT may use or disclose health information about you if it is believed the use or disclosure is needed:

- To prevent or lessen a serious and immediate threat to the health and safety of a person or public;
- For law enforcement authorities to identify or catch an individual who has admitted participating in a violent crime that resulted in serious physical harm to the victim, unless the information was learned while initiating or in the course of counseling or therapy; or
- For law enforcement authorities to catch an individual who has escaped from lawful custody.

FOR OTHER LAW ENFORCEMENT PURPOSES

ESNT may disclose health information about you to a law enforcement official for the following law enforcement purposes:

- To comply with a valid subpoena or similar lawful process;
 - **Please note:** in protecting your privacy, ESNT will not provide information to an attorney or any other party requesting records or information (without your signed authorization on a completed Release of Information form) or requesting staff to provide a deposition or court appearance without a valid subpoena.
- To identify and locate a suspect, fugitive, witness or missing person;
- In response to a request for information about an actual or suspected crime victim;
- To alert a law enforcement official of a death that ESNT suspects is the result of criminal conduct;
- To report evidence of a crime on ESNT property.

ESNT may use or disclose health information about you when the law requires the use or disclosure.

OTHER USES AND DISCLOSURES

ESNT may use or disclose health information about you:

- To create health information that does not identify any specific individual;

- To the U.S. or a foreign military for military purposes, if you are or have been a member of the group asking for the information;
- For purposes of lawful national security activities;
- To federal officials to protect the President and others;
- For security clearances and medical suitability determinations required by the U.S. government;
- To comply with worker’s compensation laws or similar laws; and
- To inform or help in informing a family member or another person involved in your care about your location, general condition or death.

ALL OTHER DISCLOSURES OF YOUR PHI AND YOUR PII WILL ONLY BE MADE WITH YOUR WRITTEN AUTHORIZATION ON A RELEASE OF INFORMATION FORM

COMPLAINT PROCESS

If you believe that ESNT has violated your privacy rights, you have the right to share your complaint or concern either directly with the ESNT Vice President or Director of your program or with the Vice President of Compliance, who serves as ESNT’s privacy officer:

By mail at: 1424 Hemphill Street Fort Worth, TX 76104	By email at: mskinner@ntx.easterseals.com	By telephone 24/7 at: 1-866-203-2496
If the complaint is received by mail, email or through a phone message, you will be contacted within 1-2 business days.		

If you are considering sharing an issue but are concerned about possible retaliation for voicing a complaint, be assured that there are protections put in place to ensure that there will be no retaliation to you for making a complaint. ESNT is more concerned with doing the right thing and protecting your private information.

This original notice was in effect 4/14/2003.

Since then, there have been five (5) revisions to this notice: Summer 2004; August 2005; August 2010; August 2012; August 2013.