

## **NOTICE OF PRIVACY PRACTICES FOR ALL INDIVIDUALS IN CARE**

**This notice describes how treatment and healthcare information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

Urban League of Rhode Island respects your privacy and that of your family. We understand that your personal information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. To make this document easier to read, in everything below we will use the term "you" to refer to you, and your children or any family immediate family members receiving services from our agency.

Federal laws, including the new Health Insurance Portability and Accountability Act (HIPAA), and State laws protect the privacy of the health information we create and obtain in providing our care and services to you. For example, protected health information includes identifiable material such as symptom descriptions, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

### **Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations**

#### **For services**

- Information obtained by a case manager, case worker, or other member of our team will be recorded in your client record and used to help decide what care/services may be right for you or recommended to you.
- We may also provide information to others providing your care. This will help them stay informed about your case. To protect your privacy rights, we will provide the least amount of information necessary, though professional providers involved in your case and/or continuing services may have access to your full record unless limited by certain "special" Federal regulations or by State law.

#### **For payment:**

- We provide information the State child welfare agency or the school district uses to collect reimbursement from state and federal sources. Those entities need information from us about your services. Information provided to such entities may include your child's enrollment, education, housing and or services provided.

#### **Your Information Rights**

- The health/case and/or billing records we create and store are the property of this facility: Urban League of Rhode Island. The protected information in it, however, belongs to you. That distinction is made because some consumers have mistakenly thought that they could actually take "their" records from the Agency. You have a right to:
  - Receive, read, and ask questions about this Notice;
  - Ask us to restrict certain uses and disclosures. You must deliver this request in writing to "Program Director/Urban League of Rhode Island". We are not required to grant the request. But staff will comply with any request granted by the Program Director;
  - Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Information ("Notice");
  - Request that you be allowed to see and get a copy of your protected information. You may make this request in writing. We have a form available for this type of request.
  - Have us review a denial of access to your information-except in certain circumstances;

- Ask us to change your information. You must give us this request in writing (to Program Director/Urban League of Rhode Island). We may deny your request; you may write a statement of disagreement if your request is denied. At a minimum that statement will be stored in your client record, and included with any related or full release of your records.
- When you request, we will give you a list of disclosures of your information. The list will NOT include disclosures to HHS staff or business associates (consultants, contractors, or third-party payors - the funders of your family's received services). The list of those to whom we disclose you are entitled to would include, e.g. your lawyer, a community based clinician, a spouse who has rights but from whom you are separated. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your information be given to you by another means or at another location. Please sign, date, and give us your request in writing (to Program Director/Urban League of Rhode Island).
- Uses and disclosures not in this Notice, or if not allowed by Federal law other than HIPAA or in other or superceding State law, will be made only with your written authorization.
- Cancel prior authorizations to use or disclose treatment information by giving us a written revocation (to Program Director/Urban League of Rhode Island). Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to allow a state or school district to obtain insurance. While you may cancel some prior authorizations, please consider that your decision to do so may result in a planned discharge from the Agency's care. Please discuss this with the Agency case manager, staff and/or Program Director before you submit a written request to cancel an authorization.

For help with these rights during normal business hours, please contact: Urban League of Rhode Island, at (401) 351-5000.

### **Our Responsibilities**

#### **We are required to:**

- Keep your protected information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our Agency to pick one up (please have the Program Director called from the Reception Area).

### **To Ask for Help or Complain**

If you have *questions or want more information* relating to the handling of your protected health information, you may contact the Director for the Program from which you received services.

If you believe your privacy rights have been violated, you may send a written complaint to our facility. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

## Other Disclosures and Uses of Protected Health Information

### Notification of Family and Others:

Unless you object, we may release limited demographic information about you to funding sources, Federal Departments and/or to assist in disaster relief efforts.

### We may use and disclose your protected information without your authorization as follows:

- As noted at the outset of this document - for purposes of services rendered, or payment.
- With clinical researchers-if the research has been approved and has policies to protect the privacy of your treatment information. We may also share information with clinical researchers preparing to conduct a research project.
- To funeral directors/coroners consistent with applicable law to allow them to carry out their duties.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply With Workers' Compensation Laws-if you make a workers' compensation claim.
- For public health and safety purposes as allowed or required by law.
- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
- To public health or legal authorities to protect public health and safety
- To prevent or control disease, injury, or disability
- To a court of law when a judge orders us to do so or advises that a *staff* member provide a response under examination by an attorney in court; or without a judge's order in a legal proceeding when you are a party to the proceeding and we receive a subpoena for your health information (except when that is excluded by law, e.g. HIV status) or if you sue the Agency or any of its *staff* for malpractice or initiate a complaint with a licensing board against any of our clinicians or where one of our *staff* is required by the state child welfare agency/funder to provide testimony involving the commitment of a child of whom that agency already has custody.
- To prevent or control disease, injury, or disability
- To report vital statistics such as births or deaths.
- To report suspected abuse or neglect to public authorities.
- To juvenile justice authorities if you are on probation or parole status, as necessary for your health and the health and safety of others.
- For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities. For example, we may share health information with the Department of Health.
- For disaster relief purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For work-related conditions that could *affect* employee health. For example, an employer may ask us to assess health risks on a job site.
- To the military authorities of U.S. For example, the law may require us to provide information necessary to a military mission.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- For specialized government functions. For example, we may share information for national security purposes.
- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.