



Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can access this information. Please review it carefully.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

Your privacy and protection of your protected health information (PHI) and personal information (PI) are of great importance to everyone who works or volunteers at Northeast Arc (NeArc). We are committed to providing you with the highest quality supports and services and will respect the privacy and confidentiality of your information.

The Office of Civil Rights enforces rules to ensure your right to privacy. As part of those rules, NeArc must provide you with this notice so that you will understand how NeArc will handle your PHI, NeArc's legal duties related to your PHI, and your rights concerning your PHI. We will not release this information without your permission unless the release is to provide the services you expect from us or is otherwise in accordance with the law. Even when allowed, use and disclosure are limited to the minimum necessary for the intended task.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

PHI is information about an individual, including demographic information, that may identify that person and could relate to their past, present, or future physical or mental health or condition and related health care services.

NeArc uses PHI within the agency and shares it outside of the agency to provide you with excellent care. This notice will tell you how NeArc uses and shares PHI for care coordination, payment for services, quality assessment activities, and other purposes. It will also tell you when we need your specific permission.

Treatment, Payment, and Agency Operations

Except where prohibited by state or federal laws, we may use and share your PHI for treatment, payment, and agency operations. We will not disclose more than the minimum necessary amount of PHI to accomplish a task. We do not need to ask for your specific permission to do these things, as described below:

Treatment means providing, coordinating, or managing services by one or more providers. NeArc is permitted to disclose your PHI to another covered entity, provided the transaction is for the covered entity's treatment, payment, and operations; the covered entity has a relationship with the individual, and the PHI disclosed pertains to the relationship.



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Payment includes billing, confirming insurance coverage, and utilization review. NeArc may provide PHI to someone who pays for your care or disclose PHI to a health oversight agency for activities authorized by law.

Agency Operations are activities needed to operate NeArc and carry out its mission, including quality improvement activities, audits, training staff, fiscal management, and customer service.

Uses and Disclosures of your PHI for Other Purposes

We may legally use and/or share your health information in other ways, as listed below. We must meet many conditions in the law before sharing information for these purposes.

- For fundraising efforts and activities, but you have the right to opt out of these communications by making a request in writing to NeArc's Privacy Officer.
- To communicate treatment options or alternatives that may interest you.
- To tell you about other health-related benefits or services that may be of interest to you.
- As required by Federal, state, or local law.
- When necessary to avert a serious threat to health or safety.
- As necessary for health oversight activities.
- With business associates who are assisting NeArc.
- As required by public health authorities and organizations.
- As necessary for health oversight activities authorized by law.
- When required by legal proceedings.
- As necessary for law enforcement activities.
- When requested by authorities related to victims of abuse, neglect, or domestic violence.
- When required for purposes of national security and intelligence activities.
- When requested by military command or the Department of Veterans Affairs.
- When necessary for essential government functions such as providing the president and others' protective services.
- When requested by a correctional institution or law enforcement official if you are under the custody of law enforcement.
- As authorized by and as necessary to comply with workers' compensation laws.
- For appointment reminders.
- When required for research that has been approved by an Institutional Review Board or similar research board that has established protocols to ensure the privacy of PHI.
- When required by a coroner, medical examiner, and funeral directors after death or for organ donation.

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Uses and Disclosures You May Ask to be Limited or Request Not to be Made

Disclosures to Family, Friends, or Others Involved in Your Care. Generally, NeArc may not disclose your PHI to another person without prior authorization. However, under limited circumstances, NeArc may share PHI with your family, friends, or others involved in your care without authorization, provided that such disclosure is limited to the minimum necessary and at least one of the following conditions also is met –

Minor Individuals

NeArc may disclose the PHI of an un-emancipated minor to the minor’s parent or guardian.

Emergencies or Disaster Relief Situations

NeArc may use or disclose your PHI to notify or assist in the notification of a family member, friend, another person responsible for your care, or a disaster relief organization of your location, condition, or death.

Disclosures to Individuals. When requested by you or your personal representative, Northeast Arc must disclose PHI requested except to the extent that such PHI is subject to the attorney-client privilege.

USES AND DISCLOSURES FOR WHICH WE MUST OBTAIN YOUR AUTHORIZATION

Sometimes, we may only use or disclose your PHI if we obtain your authorization in writing. You may revoke in writing such authorization at any time. Once you revoke such authorization, we will not make any further uses or disclosures of your health information under that authorization unless we have acted upon the uses or disclosures you previously authorized.

We must obtain your authorization for the release of certain records, including:

- HIV/AIDs or sexually transmitted disease information;
- genetic information;
- psychotherapy notes; and
- information concerning substance abuse;
- for marketing purposes;
- any sale of your information.

We are allowed to release such information without your permission when the disclosure is:

- permitted by a court order or,
- made to medical personnel in a medical emergency.



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YOUR RIGHTS REGARDING YOUR PHI

The following is a list of your rights regarding your PHI. You should submit any requests to exercise these rights in writing to the program providing your services. Should you have any questions regarding these rights or need additional information, please contact NeArc's Privacy Officer. Your rights include the following:

Right to Inspect and Copy - You have the right to request an opportunity to review and copy your PHI.

Right to Amend - You have the right to request that we amend your PHI. In your written request, you must tell us what information you want to amend and why you believe the information is inaccurate.

Right to an Accounting of Disclosures - You have the right to receive an accounting of certain disclosures NeArc has made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment, or agency operations as described in this notice.

Right to Receive Breach Notifications – You have the right to be notified in the event of a breach of PHI.

Right to Request Restrictions - You have the right to request that we restrict the uses and disclosures of your PHI. However, if your service provider believes it is in your best interest to permit the use and disclosure, we are not required to agree to your request. We are obligated to comply with any request to restrict disclosure to health plans if services are paid out-of-pocket in full.

Right to Opt-Out of Fundraising Communications – You have the right to opt out of these communications.

Right to Request Confidential Communications - You have the right to request that we communicate with you only in a certain way or at a certain location. We will accommodate all reasonable requests.

Right to Choose Someone to Act for You – You have the right to choose someone to exercise your rights and make choices about your health information to the extent authorized by law.

Right to a Paper Copy of this Notice - You have the right to obtain a copy of this Notice of Privacy Practices.

Right to Complain – If you believe your privacy rights have been violated, you have the right to file a complaint by contacting us or the Office for Civil Rights. You will not be penalized for filing a complaint.

Northeast Arc
Privacy Officer
1 Southside Road
Danvers, MA 01921
(978) 924-5446
compliance@ne-arc.org

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
OCRComplaint@hhs.gov

NeArc reserves the right to change this Notice of Privacy Practices without notice or consent. The new notice will be available upon request, in our offices, and on our website.



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| Service Recipient Information | Guardian Information (if applicable) |
|-------------------------------|--------------------------------------|
| Name: | Name: |
| First, Middle, Last | First, Middle, Last |
| Date: | Date: |
| Street: | Street: |
| Town, State: | Town, State: |
| Zip Code: | Zip Code: |
| Signature: | Signature: |
| Email: | Email: |

Please indicate if you do **NOT** want to receive the following: (check all that apply)

- Northeast Arc informational emails and newsletters, including updates about agency events, activities, and information
- Fundraising efforts

Please complete and return this page to:

HIPAA Privacy Officer
Northeast Arc
1 Southside Road
Danvers, MA 01923-1973