



Easterseals-Goodwill Northern Rocky Mountain, Inc.
Notice of Privacy Practices

CONTACT: Privacy Officer John Martin johnm@esgw.org or (208) 373-4821

I. Your Information. Your Rights. Our Responsibilities.

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

Your Rights. When it comes to your health information, you have certain rights.

- Receive a copy of your health and claims records
- Ask us to amend health records
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you feel your rights are violated
- Be notified of a breach

Your Choices. For certain health information, you can tell us your choices about what we share.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you

Get a copy of your health records

- You can ask to see and receive a paper or electronic copy of your health records and other health information we have about you. (The law requires us to keep the original record). Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to amend health records

- You can ask us to amend your health records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.



Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting John Martin, our Privacy Officer, at (208) 373-4821 or by sending a letter to 425 1st Ave N., Great Falls, MT 59401.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Be notified of a breach

- You have the right to be notified following a breach of your unsecured Protected Health Information (PHI).

Your Choices.

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation



If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

II. Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with other professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- *Example: We use health information about you to develop better services for you.*

Bill for your services

- We can use and disclose your health information to bill and get payment from health plans or other entities for the treatment and services provided to you.
- *Example: We give information about you to your health insurance plan to coordinate payment for your services.*

Business Associates

- We may disclose your medical information to other companies that help us. We contractually require our business associates to safeguard the privacy and security of your PHI.
- *Example: We may use billing companies, claims processing companies, collection agencies, attorneys, consultants, and others that assist us with payment activities or health care operations.*

How else can we use or share your health information with or without your authorization?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.



For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Comply with special laws

- There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.

Military, Veterans, National Security and Other Government Purposes

- We may release your health information to military command authorities or to the Department of Veterans Affairs if they require us to do so. We may also disclose medical information for certain national security purposes and to the Secret Service to protect the president.



Correctional Institutions

- We may disclose your medical information to the correctional institution or law enforcement official, if you are or become an inmate of a correctional institution or under the custody of a law enforcement official. This disclosure may be necessary for the institution (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Marketing and Sale of PHI

- We will never market or sell your personal information.

Medical Information That Has Special Protection

Mental Health Records

- We may communicate information for treatment purposes to qualified professionals, for payment purposes or if we receive a court order. The use and disclosure of the information obtained in the course of providing mental health services are protected by federal and state laws.
- Otherwise, we may not disclose any of your mental health information without your permission.

Psychotherapy Notes

- We must obtain your permission to use or disclose personal notes by your psychotherapist, except under limited circumstances.

Alcohol and Drug Abuse Patient Records

- Generally, we will not disclose any information identifying you as a recipient of alcohol or drug abuse treatment as it is protected by federal law unless: (1) you have consented in writing; (2) we receive a court order requiring the disclosure; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

III. Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website. When substantive changes are made, we will deliver or mail a copy to you.



For More Information

Please contact us to request a copy of this notice or to get a copy in another format, such as large print.

John Martin

Easterseals-Goodwill NRM Privacy Officer

Phone: (208) 373-4821

TTY Relay Services can be reached by anyone dialing 711 from a telephone or TTY

Fax: (406) 452-4850

Email: johnm@esgw.org



**EASTERSEALS-GOODWILL NORTHERN ROCKY MOUNTAIN, INC. RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Participant Name: _____

My signature on this form acknowledges that I have received a copy of Easterseals-Goodwill Northern Rocky Mountain, Inc., (ESGW-NRM, Inc.) Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by ESGW-NRM, Inc. and of my rights with respect to my health information.

I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

Signature

Date