

WELCOME TO H C R S

A GUIDE TO WHAT YOU CAN EXPECT FROM SERVICES

(802) 886-4500 • www.HCRS.org

Regular business hours: 8:30 am - 5:00 pm
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Community Newsletter!**



SCAN ME

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You can also read more about our services on our website:
www.HCRS.org

OUR PHILOSOPHY OF CARE

HCRS cares deeply about how individuals and families are treated. The following beliefs are the foundation of our services:

- A person, or the responsible family member of a child, is at the center of decision making for their own care.
- People always have choice regarding their own care, even when mandated to treatment.
All people are resilient, capable, and have a natural tendency towards growth.
- It's important to celebrate the strengths of a person to overcome challenges and focus on solutions.
- Continuous, healing, and trusting relationships are transformative in helping to address trauma and other challenges a person may be facing.
- Our services are culturally sensitive and inclusive of perspectives such as harm reduction, cultural, societal, and environmental factors that impact an individual's experience.
- Treatment is provided in a holistic manner in order to address the mind, body, and spirit.
- A person's challenges exist within a social context and the social factors that influence well-being will be addressed as a part of treatment.
- Community and State collaborations are important in order to provide a positive experience for people seeking or receiving services.
- We provide services with kindness, empathy, and compassion.
- We treat people with respect and dignity within the context of caring and mutual relationships.
- The experience of stigma and impact of oppression and discrimination exists; we actively find ways to challenge them and minimize the harm that can affect all of us as a result.
- Our services are grounded in evidence-based and promising practices that promote hope, healing, and wellness; they acknowledge the impact of biological, psychological, and social factors.

INFORMED CONSENT

It is important that you understand that while services with HCRS may bring many benefits to your life, there are also some risks involved.

DISCUSSING UNCOMFORTABLE EXPERIENCES: Counseling to assist you with the concerns you face may involve discussion of some areas of your life or of behaviors you may not usually be comfortable discussing, or may involve review of painful situations in your life. At times your provider may challenge you to rethink something, or to try to see something from a different point of view. They may also encourage you to keep a journal or record of your behavior, to try to learn new ways of dealing with situations, or to attend self-help groups outside of HCRS.

ACTIVITIES OUTSIDE YOUR COMFORT ZONE: Case management services may involve encouraging you to keep appointments with care providers when you don't particularly feel like it, to apply for benefits available to you, or to deal more effectively with landlords or others.

MEDICATION SIDE EFFECTS: Psychiatric care and medication management involves risks of medication side effects of varying kinds. The doctor or nurse will always discuss these with you beforehand, but you need to be aware that such risks exist.

YOUR INVOLVEMENT: Whatever the range of services we recommend for you, your participation in them is important to effectively deal with your concerns. HCRS cannot make life better for you. We can only assist and encourage you while you yourself take steps to resolve difficult situations.

OTHER OPTIONS: There are, of course, alternatives to receiving services through HCRS. There are other community agencies that provide similar services, and many private providers of similar care. There may also be community based self-help groups to help you resolve your concerns. Clergy or friends may be able to provide you with support and encouragement as well. Refer to separate Resource Guide booklet

We believe that by working with your HCRS provider, and taking steps to achieve the goals you set here with us, you will have an increase in emotional and mental health and well being. The path may at times be challenging, but we believe the results will be beneficial. However, at all times we will respect your decisions, and you are free to end services at any time.

YOUR PRIVACY

The privacy of your information is very important to us. This packet includes our Notice of Privacy Practices (pg. 14-21), which explains your rights to privacy and how we will safeguard your information. You will be asked to sign a form acknowledging receipt of this information.

YOUR HCRS RECORD: As part of your care, HCRS creates and maintains records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning your care and treatment
- A means of communication among the professionals who contribute to your care
- A source of information for applying your diagnosis and information to your bill
- A means by which a third-party can verify that services billed were actually provided
- A tool for routine health care operations such as assessing quality and reviewing the competence of our staff and the services that are offered

HCRS is designated by Vermont's Agency of Human Services (AHS) to provide services in Windham and Windsor counties. AHS may access your health information as necessary to fulfill its legal responsibilities under Vermont Law. In this packet, you have been provided a Notice of Privacy Practices that provides a more complete description of information uses and disclosures (release of, or access to, your information). You have the right to review the notice prior to signing the attached Consent Form. HCRS reserves the right to change our notice and practices. However, prior to a material change taking effect, HCRS will publish an announcement of the change at every Agency facility and on its website.

ALCOHOL & DRUG USE PROTECTIONS: Your records are subject to confidentiality imposed by state and federal regulations. Your alcohol and drug use client records are protected by 42CFR part 2, stating that records may not be released or disclosed without your written consent unless otherwise provided for in the regulations.

With your consent, HCRS may send your health information to other treatment providers electronically, and/or make your information

GETTING STARTED

UNDERSTANDING YOUR NEEDS

The usual first step is a meeting with one of our caring staff to discuss the concerns or issues you are dealing with and what you hope to gain from services. To help us gain as good an understanding as possible about your concerns, we will ask many questions that may seem to go beyond your immediate concerns. These will include questions about your early development and family life, any traumatic life events you may have experienced, your education and employment history, your emotional and physical health and any medications you may have taken, your use of alcohol or drugs, and so on.

After this initial assessment, we will make a recommendation about counseling and other resources that we believe are appropriate, available, and potentially helpful to you or to your child or family. If we believe we can be helpful to you, we will assign a counselor or case manager to meet with you to further develop the goals you wish to achieve and a plan of care for helping you do so. If we do not believe HCRS can be helpful to you we will say so, and assist you in finding other resources.

SERVICES

HCRS has a wide range of services available. Not all of these services may be right for you or for the concerns you are dealing with. We will recommend those we think will be most helpful to you.

APPOINTMENTS

In order for us to help you achieve your goals, it is important that you make every effort to attend each of your appointments. People who consistently miss or reschedule appointments may be referred to groups, have the frequency of their appointments changed, be assessed a service fee, or other measures may be taken to encourage showing up for meetings with their provider(s).

FEES

As part of your initial visit, we will record any insurance coverage you may have and inform you of the fee for services. Fee adjustments may be offered to you based on your household income. You are expected to pay your assessed fee at the time of each visit. Falling behind on paying your fee may result in our not being able to offer you regular appointments until you are caught up.

GRIEVANCES & APPEALS

COMPLAINTS

We want you to be satisfied with the services you receive from us, and if you're not, we want to know how we can improve. Feel free to let your provider or their manager know if services are not meeting your expectations. You may also contact the Grievance and Appeals Coordinator (contact info below) to make a complaint.

GRIEVANCES

You may file a formal grievance when you are not satisfied with the quality of your services including the manner in which staff behave and relate to you. People who file a grievance will receive a written response within 90 days.

APPEALS

You may file an appeal when you do not agree with proposed changes to the type or amount of the services offered as part of your treatment plan. Anyone filing an appeal for services will receive a written response within 30 days.

If you wish to file a grievance, appeal, or complaint, or learn more about HCRS' Grievance and Appeals Process, please contact our Grievance and Appeals Coordinator at (802) 886-4500.



FOR YOUR COMFORT & SAFETY

We strive to provide an environment of care that is safe and respectful of both you and our staff. Please be aware of the following safety guidelines:

Children: Children in need of supervision may not be left alone in our waiting rooms.

Pets: Dogs, cats, and other pets are not allowed in our facilities, other than trained dogs used for assistive services.

Smoking: Smoking is not allowed in the building or on the grounds of our facilities.

Weapons: Guns and other weapons are not allowed in our facilities.

Substances: No alcoholic beverages or illegal substances may be brought to an HCRS facility.

In Case of Fire:

- Fire evacuation maps are posted in every hallway – please be aware of the shortest route out of the building in case of an emergency.
- We hold regular fire drills. In the event of a drill or other emergency where you need to leave the building, please remain calm and follow the directions of staff. They will help direct you to the quickest exit.

Medications:

- All medications brought in or stored at HCRS facilities must have a valid prescription (unless over the counter) and active order for administration on file.
- All prescription medications stored at HCRS will be appropriately labeled, in pharmacy packaging, per FDA regulations. Labelling must include: name of individual, date prescription filled, name of medication, dose, dosing instructions, and prescribing practitioner.
- Any over-the-counter medications stored at HCRS must be in the original manufacturer's packaging.

DISCHARGE

Discharge from active care usually comes when you have achieved the goals you have set, or you have reached an agreed upon number of sessions. Discharge can also occur when:

- You have not had services for 6 months (30 days if you are seen in our substance abuse treatment program)
- You are receiving similar services from another provider
- If you or our staff believe that your needs require a more intensive level of care
- If we believe you are not benefiting from the service being provided, or not cooperating with your own care
- You repeatedly fail to keep appointments or cancel with less than 24 hours notice
- Failure to pay your assessed fee at time of service
- If you physically assault or threaten to assault a staff member of other person at our facility
- If you physically destroy our property or that of another person present in our facility
- If you have been receiving school-based services but are no longer attending school



YOUR RIGHTS

As a service recipient, you have the right to services that are available and appropriate to your need and that are provided in the least restrictive setting as possible. You also have the responsibility to cooperate with your service plan and to pay any fees associated with your care.

A copy of this is also posted in our waiting rooms, and copies are available on our website.

YOUR RIGHTS

As a recipient of HCRS services, you have the following rights. Our staff will be happy to discuss these rights with you, and to provide more information if you request it.

1. To be informed of your rights, and receive other information from us, in a way you can understand and in a language you understand.
2. To be treated with respect regarding your personal dignity, privacy, individuality, and property, and to be free of physical and psychological abuse, neglect, and exploitation.
3. To impartial services and access to treatment regardless of race, ethnicity, religion, age, gender, sexual orientation, physical incapacity, real or perceived HIV status, or language.
4. To services that are timely, effective, and efficient, in the least restrictive setting.
5. To available treatment 24 hours a day.
6. To participate in decision making regarding the development of individualized plans of care or service and on-going care, and to request a review of such plan of care at any time.
7. To have a comprehensive service plan that incorporates other relevant service agencies, systems or providers if you desire it.
8. To have your family and/or a personal advocate involved in facilitating treatment, care, and services, making recommendations, filing a complaint or grievance, and resolving any disputes.
9. To be treated without parental consent if you are a dependent on a regulated drug or are alcoholic, provided that you are at least 12 years old and the problem has been verified by a licensed physician.
10. To the assurance that all care or treatment related conversations with counselors, staff and other providers will remain confidential within your treatment team, to the extent provided by law.
11. To be fully informed of all services and programs available at HCRS, any limitations to them and any charges for them. To be

& RESPONSIBILITIES

fully informed of our practice guidelines, utilization management practices, the availability of any alternative or ancillary treatment or services, and of any financial incentives available to you or to staff that may impact your care.

12. To be fully informed of all purpose, mode, time frame, and possible risks of any diagnostic and treatment procedures prior to starting them, in order to make informed consent.
13. To be fully informed of all purpose, route of administration, time frame and possible side effects of any medication prescribed for you prior to taking it, in order to make informed consent.
14. To be free of excessive or unnecessary medication. Medication will not be used as a punishment, for the convenience of staff, or as a substitute for other treatments. Medication will not be used in a way that interferes with your other services from HCRS.
15. To be free from physical or mechanical restraint or involuntary isolation, in accordance with HCRS policies on restraint and isolation.
16. If you are an adult: To refuse medication, and to refuse or withdraw from treatment, unless services are being required by court order, provided that such a refusal does not pose a severe threat to yourself or to others. Such a decision by you will not compromise your future access to HCRS services.
17. To be fully informed of the findings of any diagnostic procedures, and of your progress with any treatment, care, or service, unless a physician decides that the information may be harmful to you and documents that decision in your record.
18. To be fully informed of all purpose, mode, time frame and possible risks of being involved in any research, or in any activities that involve the use of tape recorded, one-way observation mirrors, photography, or any special audio-visual techniques, and to withdraw from any of these at any time.
19. To receive adequate information about the name and qualifications of the staff working with you.
20. To voice your opinions, recommendations, complaints or grievances about HCRS policies or services, without fear of restraint, interference, coercion, or discrimination.
21. To be fully informed of advocacy services, or adult or child protective services that may be available to you, and to be given contact information for such services by the agency upon request.
22. To examine or request a copy of your record, or to advocate for

YOUR RIGHTS & RESPONSIBILITIES (CONT.)

amendments to your record, as established by HCRS policies.

23. To all legal protections and due process for status as an out-patient
24. or in-patient, both voluntary and involuntary, as defined by Vermont law, and to petition the courts for review of any civil commitment order, in accordance with Vermont law.
25. To refuse to perform any services for HCRS.
26. If you receive assistance from HCRS with day-to-day activities in the community, you have the right to associate and communicate privately with individuals of your own choosing, unless otherwise directed by court order.
27. If you receive assistance from HCRS with day-to-day activities in the community, you have the right to access educational opportunities and religious worship activities.
28. If you receive assistance from HCRS with day-to-day activities in the community, you have the right to exercise your civil rights as a citizen (for example, your right to get married, own property, obtain a driver's license or other license) except where prohibited by law, court order, or other legal protection of your health, safety, and welfare.
29. If you receive assistance from HCRS in day-to-day activities in the community, you have the right to have the opportunity to vote if you meet state or local requirements to do so.
30. If you receive assistance from HCRS with employment activities, you have the right to the full protection of all applicable labor laws, including minimum wage and hour laws.
31. If you are in a home placement through HCRS, you have the right to store personal possessions in your residence, as space permits.
32. If you are in a home placement through HCRS or are in an HCRS 24 hour setting, you have the right to send and receive unopened mail, to receive help reading or writing correspondence, and to place and receive telephone calls within residence guidelines.
33. If you are in a 24 hour setting, you have the right to have access to pastoral care services.
34. If you are in a 24 hour setting, you have the right to have your personal property secured under lock and key by staff through available means.
35. If you are in a 24 hour setting, you have the right to have personal displays within guidelines established by that facility.

YOUR RESPONSIBILITIES

As a recipient of HCRS services, you have the following responsibilities. Our staff will be happy to discuss these responsibilities with you, and to provide more information if you request it.

1. To provide information that is needed in order to provide effective services or supports.
2. To follow agreed-upon service and support plans.
3. To behave in a way that is respectful of HCRS staff and property and of other clients and their property.
4. To inform HCRS of any changes in child custody of minors receiving services from HCRS.
5. To maintain the confidentiality of other clients if you are involved in group treatment.
6. If you are prescribed medication by HCRS staff, to inform medical staff of any changes in the medication(s) you are taking or substances you are using.
7. To provide 24-hour notice when canceling appointments, except in emergencies.
8. To inform HCRS of changes in your address, telephone number, insurance coverage, and emergency contact information in a timely manner.
9. If you have insurance coverage, to immediately inform HCRS of any changes to that coverage.
10. If you have a subsidized fee based on income, to immediately inform HCRS of any changes in personal or household income.
11. To pay your fee for services in a timely manner. HCRS appreciates payment at time of service and expects payment within 30 days of any balance due billing statement sent to you.



NOTICE OF PRIVACY PRACTICES

Updated 9-23-2013

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.

If you have any questions about this notice, please contact:

HCRS PRIVACY OFFICER
390 RIVER STREET
SPRINGFIELD, VT 05156
PHONE : (802) 886-4500

WHO WILL FOLLOW THIS NOTICE

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your health record.
- All divisions and programs of Health Care & Rehabilitation Services of Southeastern Vermont (HCRS).
- Any volunteer we allow to help you while you are receiving services from HCRS.
- All employees, staff, and other personnel.
- All HCRS entities, sites, and locations follow the terms of this notice. Staff members at these entities, sites and locations may share health information with each other for treatment, payment, or operations purposes as described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting your privacy and health information about you. We create a record of the care and services you receive at HCRS. 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 HCRS, whether made by HCRS personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of 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;
- Notify you following a breach of unsecured protected health information; and
- Comply with any state law that is more stringent or provides you greater rights than this Notice.

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.

For Treatment: We may use or disclose health information about you to provide you with treatment or services. This includes the potential sharing of information about you to doctors, nurses, clinicians, case managers, interns, or other HCRS personnel, or to people outside of HCRS, who are involved in your care. For example, a clinician might be treating you for a mental health problem and needs to talk with one of our psychiatrists or another clinician, who has specialized training in a particular area of care. We may also disclose information about you to, or request information about you from, people outside HCRS who are involved in your health care.

Electronic Exchange of Your Health Information: In some instances, we may transfer health information about you electronically to other health care providers who are providing you treatment or to the insurance plan providing payment for your treatment. Your health information may also be made available through the Vermont Health Information Exchange (“VHIE”). The VHIE is a health information network operated by VITL, Inc. Your treating health care provider may only access your health information through the VHIE if you have provided specific written consent for their access, unless you are in need of emergency treatment. For information about the VHIE, see www.vitl.net.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at HCRS may be approved by, billed to, and paid for by a third party such as an insurance company. For example, we may need to give your health insurance company information about counseling you received at HCRS so your health insurance company will pay us or reimburse you for a counseling session. We may also tell your health insurance company about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the service / treatment.

For Health Care Operations: We may use and disclose health information about you for HCRS operations. These uses and disclosures are necessary

NOTICE OF PRIVACY PRACTICES (CONT.)

to run HCRS and make sure that all individuals receiving services from us 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 serving you. We may also combine health information about many service recipients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose this information to doctors, nurses, clinicians, case managers, interns, and other Agency staff for review and learning purposes.

We may also combine the health information we have with health information from other mental health agencies to compare how we are doing and see where we can make improvements in the services we offer. We will remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific service recipients are.

HCRS is a Vermont designated Community Mental Health Agency and is obligated under our contracts with various departments within Vermont's Agency of Human Services to provide certain services. As a result, these Departments may access health information related to these contracted services for the purpose of obtaining treatment for clients, making payment, or for its health care operations.

Appointment Reminders: We may use and disclose information to contact you as a reminder that you have an appointment.

Alternative Treatment, Benefits, and Services: We may use and disclose information about you in order to obtain and recommend to you other treatment options and available services as well as other health-related benefits or services.

Fundraising Activities: Should the need arise where information about you or your participation is desired for the Agency's fundraising activities, HCRC will obtain your authorization. No information will be released for this purpose without your authorization

Research: Under extremely limited circumstances, we may use and disclose health information for research purposes. For example, a research project may involve comparing the health and recovery of all service recipients who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with people's need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct

a research project; for example, to help them look for people with specific health needs, so long as the health information they review does not leave HCRS. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at HCRS.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law. In Vermont, this would include: victims of child abuse; the abuse, neglect, or exploitation of vulnerable adults; when a child under the age of sixteen is a victim of a crime; and firearm-related injuries. Under certain circumstances, the Departments within Vermont's Agency of Human Services, who we contract with, are mandated to access health information in order to carry out their responsibilities.

To Avert a Serious and Imminent Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious and imminent 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.

SPECIAL SITUATIONS

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Workers' Compensation: We may release health information about you as authorized for workers' compensation or similar programs as authorized by Vermont law. These programs provide benefits for work-related injuries or illnesses.

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 deaths;
- To report child abuse or neglect;
- To report abuse, neglect, or exploitation of vulnerable adults; any suspicion of abuse, neglect, or exploitation of the elderly (age 60 or older) or a disabled adult with a diagnosed physical or mental impairment, must be reported;
- To report reactions to medications or problems with products;
- To notify individuals of recalls of products they may be using;
- To notify an individual who may have been exposed to a disease or may be at risk for contracting or spreading a communicable disease or condition

Health Oversight Activities: We may disclose health information to a health oversight agency, such as Vermont's Agency of Human Services who we contract

NOTICE OF PRIVACY PRACTICES (CONT.)

with, for activities authorized by law. These oversight activities include, but are not limited to, 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.

Legal Proceedings 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.

Public Health Officials and Funeral Home Directors: We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors thereby permitting them to carry out their duties.

Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official pertaining to care provided while you are in custody. This release would be necessary (1) for the institution 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.

USES OF HEALTH INFORMATION REQUIRING WRITTEN AUTHORIZATION

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 authorization. Examples of this may include disclosures to lawyers, employers, the Vermont Office of Disability Determination Services, or others who you know, but who are not involved in your care. Additionally, uses and disclosures of protected health information for our fundraising activities, marketing purposes, and disclosures that constitute a sale of protected health information require authorization. Also, Psychotherapy notes maintained by your treating provider can only be disclosed with your written authorization. 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 services that we provided to you.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

Any assistance (physical, communicative, etc.) you need to exercise your rights will be provided to you by HCRS.

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

Right to Review and Copy: You have the right to review and copy health information that may be used to make decisions about your care. This may include both health and billing records.

To review and copy health information that may be used to make decisions about you, you must submit your request in writing to our Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If you seek an electronic copy in a specific form or format of any portion of your electronic health record, and HCRS is unable to readily produce the copy in that form or format, we will work with you to provide an alternative form or format for the electronic copy.

We may deny or limit access to your request to inspect and copy in certain very limited circumstances. If you are denied or limited access to health information, you may request that the decision be reviewed. Another health care professional chosen by the 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 the information is kept by or for HCRS.

To request an amendment, your request must be made in writing and submitted to our Records Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support that 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 designated record set kept by or for HCRS;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Was determined accurate or complete by HCRS.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you which were required by law and/or were not authorized by you.

To request this list or accounting of disclosures, you must submit your request in writing to our Records Department. Your request must state a time period, which

NOTICE OF PRIVACY PRACTICES (CONT.)

may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). 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 at that time before any costs are incurred.

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. We are not required to agree to your request unless your request is to limit disclosures to a health plan for the purpose of carrying out payment or health care operations that are not otherwise required by law and you or someone on your behalf other than your health plan has paid for those services in full at the time the health services are provided. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

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, like a family member. For example, you could ask that we not use or disclose information about a counseling session you received.

To request restrictions, you must make your request in writing to our Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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 request confidential communications, you must make your request in writing to our Records Department. 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 a paper copy of this notice. You may ask us to give you a copy of the current notice at any time. To obtain a paper copy of this notice, contact the HCRS Privacy Officer at (802) 886-4500.

Security of Health Information: We have in place appropriate safeguards to protect and secure the confidentiality of your health information. Due to the nature of community based human service practices, Agency representatives may possess your health information outside of HCRS. In these cases, HCRS representatives will ensure the security and confidentiality of the information in

a manner that meets HCRS policy and state and federal law.

Specific requirements for electronic notice: A covered entity that maintains a website that provides information about the covered entity's customer services or benefits must prominently post its notice on the web site and make the notice available electronically through the website.

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 all HCRS facilities. The notice will contain an effective date. Should we make a material change to this notice, we will, prior to the change taking effect, publish an announcement of the change at every HCRS facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with HCRS or with the Secretary of the Department of Health and Human Services. To file a complaint with HCRS, call (802) 886-4500 and ask to speak with our Privacy Officer. All complaints must be submitted in writing. Complaint forms are available at each location including the reception area at HCRS' main office. You will not be penalized for filing a complaint.

The Secretary of the Department of Health and Human Services can be contacted through their regional office at Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, Massachusetts 02203, voice phone (800) 368 1019, fax (617) 565-3809, TDD (800) 537 7697.

You also have the right to complain. You may express dissatisfaction with the staff you are working with or have recently worked with, or about the services you receive. You may also complain about not receiving services you think might be helpful to you.

To make a complaint you can either see the receptionist, or phone any of our offices. Tell the person you are speaking with that you wish to make a complaint. They will need to know your name, address, and phone number and will gather information from you about the situation you are complaining about.

We will do our best to resolve your complaint as quickly as we can. Normally, someone will contact you within 24 hours.

HCRS is designated by the State of Vermont to provide services. If you are not satisfied with the manner in which HCRS has responded to any complaint you have made, you may also bring your concerns to the state. Office staff will be pleased to provide you with the appropriate addresses and phone numbers for making such a complaint.

IN AN EM

988

**SUICIDE & CRISIS
LIFELINE**

*Easy to remember,
similar to 911*

741741

**NATIONWIDE
TEXT LINE**

*Text from anywhere
in the United States*

833-VT

**PEER
SUPPORT**

To connect

CALL or TEXT*

Nationwide toll-free number

People can talk to someone as long as needed

Counselor will identify if a more immediate response is needed

Counselor isn't able to patch the call through to HCRS but will suggest the caller contact HCRS or their closest Emergency Room, when appropriate

TEXT only*

Vermont has contracted with this national text line (based in Colorado) to provide supportive counseling

A live, trained crisis counselor receives the text and responds quickly

Counselor assesses for risk and can activate 911

CALL or

A warmline by Pathways Vermont

Peer support advocates provide supportive

***Open 24/7 365 days per year**

EMERGENCY

PEER TALKS
EMERGENCY
SUPPORT LINE

Support with a peer

800-622-4235

HCRS
CRISIS LINE

For urgent need of services

802-886-4511

HCRS
SAFE TEAM

*Evening/weekend support
for HCRS DS & CYF clients*

PEER TEXT*

Peer operated
support lines

Peer support
provide
counseling

CALL only*

Toll-free
For people who need
an immediate response

2 person/in-person
community response
available

Screeners will triage
need, provide brief
supportive counseling,
and strategize next
steps

Also for substance use
crises

For anyone in Windham
and Windsor counties

CALL only

For HCRS DS and
Children's clients only

Operates 4:00 pm -
8:00 am weekdays
and around the
clock on weekends
and major holidays

Provides consultation
and support to the
families we serve

**Dial 9-1-1 or go to your nearest Emergency
Room for any physical health emergency**



HCRS

Serving people across Windham and Windsor Counties since 1967