

NOTICE OF PRIVACY PRACTICES

Updated 8/30/24

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, or request information about you, to or from people outside HCRS involved in your health care, with your consent.

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.

For Department of Mental Health (DMH) Funding: As of July 1, 2024, HCRS is required to provide your health information to a data repository managed by Vermont Information Technology Leaders, Inc, a non-profit that manages health information data sharing for the State of Vermont. To receive funding for mental health services, HCRS may use the VITL data repository to transmit information directly to the Vermont Agency of Human Services (AHS), including the Department of Mental Health (DMH). AHS uses that information to fund mental health services. The information that HCRS discloses to VITL will only be available to AHS.

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 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, HCRS 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 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 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.