

EASTER SEALS CENTRAL ALABAMA NOTICE OF PRIVACY PRACTICES

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.

Easter Seals Central Alabama considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws and our own privacy policy.

This Notice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice. A copy of our current notice will always be posted in the reception area. This notice is also online at: <http://www.eastersealsca.org>

Without specific written authorization, we are permitted to use and disclose your PHI for the purposes of treatment, payment, and health care operations.

Treatment means providing, coordination, or managing health care and related services by one or more health care providers. We may use medical information about you to provide you with medical treatment or services. An example of this would include our Speech Pathologists sharing and using your PHI with clinical staff and student practitioners who are involved in diagnosing and treating you. We may also disclose your PHI to physicians and/or school personnel who have referred you to us and are involved in your care and to coordinate your care. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

Payment means activities to obtain reimbursement for services, confirm coverage, billing or collection activities, and utilization review. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may also use your PHI to bill you directly for services.

Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, customer service, and cost management analysis. For example, staff may encounter PHI when doing a periodic assessment of our documentation protocols.

Additional Use or Disclosure

In addition, Easter Seals Central Alabama may use or disclose your PHI to remind you of an appointment by phone or mail or provide you with information about treatment options. We may disclose your PHI to a friend or family member that is directly involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a friend take their child to the clinic for therapy. The friend may then have some access to this child's medical information.

There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, we may use your name to call you from a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

We will use and disclose your PHI when we are required to do so by federal, state, or local law. We may disclose your PHI to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an

effort to inform you of the request or to obtain an order protecting the information the party has requested. We will release your PHI if requested by a law enforcement official for any circumstance required by law. We may release your PHI for workers' compensation and similar programs.

Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Your Protected Health Information Rights

You have the following rights concerning the health information we maintain about you:

*Right to Request Restrictions. You have the right to ask us to limit how we use and disclose your health information for treatment, payment, or health care operations. You may also ask us to limit the information we provide to your family, other close relatives, close friends, or others you identify concerning your care, payment for your care, or how we notify them about your general condition. Your request must be in writing. In making your request, we will need to know what information you want us to limit, whether you want us to limit our uses or disclosures, or both, and to whom the limits should apply. We do not have to agree to your request. If we do agree to your requested restriction, we must abide by it unless you request in writing to remove it.

*Right to Access. You may ask to see and copy your records unless that information is protected by law. You must make this request in writing. We will act upon your request within 30 days and may charge you for copying costs.

*Right to Request Amendments. You have the right to ask us to amend your health information if you think it is incorrect or incomplete. You must provide us a reason to support your request. We may deny your request if it is not in writing or if it does not include a supporting reason. We may also deny a request for amendment if the information was not created by Easter Seals Central Alabama, is not part of the health information we keep, and is not part of the health information you are allowed to inspect or copy.

*Right to an Accounting. You have the right to receive an accounting of certain disclosures made of your health information.

*Right to obtain a paper copy of this notice upon request.

Our Responsibilities

Easter Seals Central Alabama is required to:

*Protect the privacy of your health information according to the law's requirements;

*Provide you with a current copy of its Notice of Privacy Practices; and

*Follow its Notice of Privacy Practices currently in effect.

For more information or to report a concern

If you have a question about this Notice, and/or would like additional information about our privacy practices, you may contact Easter Seals Central Alabama's Privacy Officer at 334-288-0240.

If you believe your privacy rights have been violated and/or not addressed by Easter Seals Central Alabama, you have the right to file a complaint with Easter Seals Central Alabama and with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. Concerns or complaints may be sent in writing to the following address:

Privacy Officer
Easter Seals Central Alabama
2125 East South Boulevard
Montgomery, AL 36116

Effective 03/15/2009