

Enriching Lives

Notice of HIPAA Privacy Practices

Enriching Lives complies with the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, 110 Stat. 2024 (Aug. 21, 1996) (“HIPAA”) and the regulations governing the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E (“Privacy Rule”) issued by the Office of the Secretary of the Department of Health and Human Services.

Under the HIPAA Privacy Rule, we are required by law to protect the privacy of your personal protected identifying information. This notice will inform you about how your personal information is used, disclosed, and protected. It will also inform you about your right to access your personal protected health information.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your personally protected information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all past and current personal information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice on our website.
- Post the new Notice in a prominent location in our office.
- Make new Notices available from our Privacy Officer upon your request by calling (707) 268-8891.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to your personal protected information.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (707) 268-8891.

How We May Use & Disclose Information about You

1. For Your Care & Services

We may use and disclose health information about you to provide, coordinate, or manage the supports and services you receive from us and our Providers. This may include communicating with your funding agency, medical providers, school/day/work program, and other Enriching Lives staff, consultants, or independent contractors (providers) who are involved in supporting you or providing you care.

2. For Payment

We may use and disclose information about you to obtain payment from your funding source for the services that you received. This means that we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to funding sources (such as the regional center, insurers, collection agencies, and consumer reporting agencies). In some instances,

we may disclose medical information about you to a funding source before you receive certain health care services because we may want to know whether the funding source will pay for a particular service on your behalf.

3. For Healthcare/Service Operations

We may use and disclose information about you in the provision of services to you. For example, we may use or disclose medical information about you in performing the following types of activities:

- Reviewing and evaluating the skills, qualifications, and performance of the providers taking care of you.
- Providing training programs for students, trainees, providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other clients.
- Improving health care and lowering costs for groups of people who have similar service needs and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

4. To Persons Involved in Your Care

We may disclose information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If you are a minor, we may disclose medical information about you to a parent, guardian, authorized representative or other person responsible for your care except in limited circumstances.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies or where required by law). If you are a minor, we may or may not be able to agree to your request.

5. As Required by Law

We will use and disclose information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose information. For example, we may report suspected abuse or neglect to the proper authorities.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain

circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law.

- **Threat to health or safety:** We may use or disclose information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose information about you to a government authority (such as the Department of Social Services) if we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose information about you to a court or an officer of the court (such as an attorney). For example, we would disclose information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Authorization & Consent to Release Confidential Information

Other than the uses and disclosures described above (#1-6), we will not use or disclose information about you without the "authorization" or written consent of you or your authorized representative (if applicable). In some instances, we may wish to use or disclose information about you and we may contact you to ask you to sign a form consenting to the release of information. In other instances, you may contact us to ask us to disclose information and we will ask you to sign a form consenting to the release of information.

If you sign a written authorization allowing us to disclose information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and released some information.

Your Rights Regarding Your Protected Information

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at (707) 268-8891.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time and can request it from our Privacy Officer. In addition, a copy of this Notice will always be posted on our website.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of your personal information that we maintain in certain groups of records. This right excludes psychotherapy notes (45 CFR § 164.501). If you would like to inspect or receive a copy of your information about you, you must provide us with a request in writing.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you must provide us with a request in writing.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 14, 2003.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of information about you for treatment, payment and health care operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of health care operations (and is not for purposes of carrying out treatment); and,

2. The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out-of-pocket in full.

You must submit a written request to restrict disclosures. We are not required to agree to your request, but if we do, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right to Request an Alternative Method of Contact or Confidential Communication

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a specific request in writing.

Filing a Complaint about Our Privacy Practices

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with Enriching Lives, you may deliver or mail your complaint directly to our Privacy Officer at:

Enriching Lives Privacy Officer
5001 California Avenue, Suite 140, Bakersfield CA 93309
Phone: (707) 268-8891
Website: www.enrichinglives.net
Email: astickels@yourenrichedlife.org

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201
Toll-Free Phone: (800) 368-1019 TDD Toll-Free: (800) 537-7697
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
Email: OCRMail@hhs.gov

Enriching Lives

HIPAA Privacy Practices – Acknowledgement & Consent

I have received a copy of the Enriching Lives Notice of HIPAA Privacy Practices and have had the opportunity to review it and ask questions.

I consent to the use and disclosure of my protected health information as outlined in the Enriching Lives Notice of HIPAA Privacy Practices for the purpose of my treatment, services, payment, and health care.

I understand that I have the right to revoke my consent in writing and may ask for and receive help to revoke my consent. I understand that if I revoke my consent, it will not affect disclosures that have already been based on my prior consent.

The Notice of HIPAA Privacy Practices must be reviewed and the HIPAA Privacy Practices – Acknowledgement & Consent must be signed by the Individual, their Authorized Representative (If Applicable) and an Enriching Lives employee upon initial placement into the Enriching Lives Program and annually thereafter.

Printed Name of Individual _____

Signature _____ **Date** _____

Printed Name of Authorized Representative (If Applicable) _____

Signature _____ **Date** _____

Printed Name of Enriching Lives Witness _____

Signature _____ **Date** _____