

Notice of Privacy Practices

Easterseals Northern California Responsibilities and Patient/Client Information and Rights

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.

Understanding Protected Health Information and the Health Record

Medical and mental health treatment information and records are personal and private. The medical and treatment information we create and maintain is known as Protected Health Information, or PHI. We are committed to protecting health information that belongs to you, the Patient/Client. We are required by Federal and State laws to protect the privacy of your medical information and obtain a signed authorization before we make certain disclosures.

Easterseals Northern California Responsibility For Your Health Information

Easterseals Northern California is required to provide this Notice of our legal duties and privacy practices with respect to medical information. This Notice explains how we may legally use and disclose your protected health information, and your rights regarding the privacy of your protected health information. We are required to follow all the terms of this Notice. Easterseals Northern California will post and make the Notice available at all locations, and make it available on the Easterseals Northern California [website](#). Easterseals Northern California reserves the right to change the provisions of this Notice and make it effective for all health information we maintain.

For any questions or additional information, please contact the Customer Service Department at (855) 843-2476 or customerservice@esnorcal.org.

Your Rights Related to Health Information

We are required to follow the terms of this Notice and give you a copy of the Notice. We will post and make the Notice available at all locations, and on the Easterseals Northern California [website](#).

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<p>Choose a representative</p>	<p>You have the right to assign medical power of attorney or to have a legally authorized representative exercise these rights on your behalf, and otherwise make choices about your health information.</p>
<p>Inspect or receive an electronic or paper copy of the medical record</p>	<p>Upon request, you or your legally authorized representative may inspect and/or receive an electronic or paper copy of the medical records, billing records, and other records that we use to make decisions about your care. We will provide a copy or a summary of your health information, usually within 30 days of your request. You also may ask us to forward a copy of your health information to a third party. A reasonable copying/labor charge may apply.</p>
<p>Revoke an authorization to share or disclose health information</p>	<p>At any time, you or your legally authorized representative may revoke a written authorization that allows us to use and disclose your protected health information. The revocation must be in writing. When we receive a revocation of authorization, we will stop sharing your protected health information. Such a revocation will not apply to any information that we have already shared in reliance on your authorization.</p> <p>We are required by law to retain your medical treatment records, regardless of any authorization to use or share the information.</p>
<p>Request confidential communications</p>	<p>You or your legally authorized representative may request to receive communications related to medical information and services in a confidential manner, and may request that contact is made in a specific way (e.g., phone, email, specific numbers or addresses to send information to, etc.). All reasonable requests will be honored.</p>
<p>Breach notification</p>	<p>You have the right to receive notification of a breach of unsecured health information, to the extent that it affects your personal health information.</p>
<p>Request to correct or amend paper or electronic health record</p>	<p>You or your legally authorized representatives may ask us to correct or amend protected health information about you that you believe is incorrect or incomplete. We may deny this request after providing a reason in writing within 60 days, if we determine that the protected health information or record that is the subject of the request:</p>

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	<ul style="list-style-type: none"> • Was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment; • Is not part of your medical or billing records; • Is not available for inspection as set forth above; and/or • Is accurate and complete. <p>You do not have the right to have accurate information removed from your record. Any amendments will be an addition to, and not a replacement of, already existing records.</p>
<p>Ask to limit the information used and shared</p>	<p>You or your legally authorized representative may request restrictions on how we use or disclose certain health information for treatment, payment or operations. If health care services are paid in full out-of-pocket, we will abide by a request to not share information about such services, for the purposes of payment or operations, with your health insurer, unless otherwise required by law. We have and reserve the right not to agree to any other requested restriction on use/disclosure of the information.</p>
<p>Receive a copy of this privacy notice</p>	<p>You or your legally authorized representative may receive this Notice of Privacy Practices at the time of enrollment and at any other time by request.</p>
<p>Receive an accounting of disclosures of shared information</p>	<p>You or your legally authorized representative may request an accounting of all the times we have shared your health information with other persons or organizations, for up to six years prior to the request. The accounting will identify to whom the information was shared, and the purpose for sharing, except for disclosures made:</p> <ul style="list-style-type: none"> • To carry out treatment, payment and health care operations; • To persons involved in your care or for other notification purposes as provided by law; • To correctional institutions or law enforcement officials as provided by law; • For national security or intelligence purposes;

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	<ul style="list-style-type: none"> • Incidental to other permissible uses or disclosures; or • Involving only a limited data set (information where certain direct personal identifiers have been removed).
<p>File a complaint for any perceived violation of privacy rights</p>	<p>Complaints may be filed for any perceived violation of your privacy rights by contacting Easterseals Northern California Customer Service Department or the Department of Health and Human Services Office for Civil Rights. <u>No retaliation will result from your making any complaint.</u></p> <p><u>Complaints to Easterseals Northern California may be filed with:</u> Corporate Compliance and Privacy Officer (855) 843-2476 compliance@esnorcal.org</p> <p>Complaints to the Department of Health and Human Services may be filed with: Office for Civil Rights (877) 696-6775</p>

Your Choices in Regard to Your Health Information

For certain health information, you or your legally authorized representative can choose what Easterseals Northern California can share.

<p>Both the right and the choice to decide when to allow sharing</p>	<p>You or your legally authorized representative have both the right and choice to tell us to:</p> <ul style="list-style-type: none"> • Share information with family, close friends, or others involved in the care; and • Share information in disaster relief situations. <p>In the event that you or your legally authorized representative is not able to tell us your choice preference, we may share health information if we believe doing so is in your best interests.</p>
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Written authorization required prior to sharing	You or your legally authorized representative must give us written authorization before we may share your information for the purposes of marketing, sale of your information for any purpose, or for most disclosures of your psychotherapy notes.
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Typical Reasons That We May Use or Disclose Your Health Information

Below are the most common instances when we may use or disclose your health information.

For treatment purposes	<p>Our staff may use and share your health information with others (e.g. primary care doctors) in the provision, coordination, or management of your health care.</p> <ul style="list-style-type: none"> • Example: An Easterseals Northern California practitioner asks another practitioner about your overall health.
For health care operations	<p>We may use and share your health information to run the organization and improve care.</p> <ul style="list-style-type: none"> • Example: Using health information to identify what treatments are most effective in order to improve our services.
Billing for service	<p>We may share your health information to bill and obtain payment from health plans or other entities, including for determinations of eligibility and coverage and other utilization review activities.</p> <ul style="list-style-type: none"> • Example: Giving your information to your health insurance plan in order to obtain payment for services
Contact for Fundraising Purposes	<p>We may contact you for our fundraising efforts, unless you or your legally authorized representative has requested that you not be contacted.</p>

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Other Reasons We May Use or Disclose Your Health Information

We are allowed or required to share your health information as follows, after meeting any applicable laws.

<p>Help with public health and safety issues</p>	<p>We may share your health information in certain situations for public health or safety, such as to:</p> <ul style="list-style-type: none"> • Prevent the spread of disease; • Help with product recalls; • Report adverse reactions to medications; • Report suspected abuse, neglect, or domestic violence; and • Prevent or reduce a serious threat to anyone’s health or safety.
<p>Research purposes</p>	<p>We may use or share your information for health research.</p>
<p>Complying with law</p>	<p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to ensure compliance with federal privacy law.</p>
<p>Responding to lawsuits and legal actions</p>	<p>We may share health information about you in response to a court or administrative order, or in response to a subpoena.</p>
<p>Addressing workers’ compensation, law enforcement, health oversight, and other government requests</p>	<p>We may use or share your health information for:</p> <ul style="list-style-type: none"> • Workers’ compensation claims; • Law enforcement purposes or with a law enforcement official; • Health oversight activities authorized by law; and • Special government functions such as military, national security, and presidential protective services.
<p>Work with a medical examiner or funeral director</p>	<p>We may share your health information with a coroner, medical examiner, or funeral director if you are deceased.</p>

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Business Associate communication	Some of the services we provide are carried out by other people or companies, who are known as our business associates. Examples include patient satisfaction surveyors, accountants, and lawyers. We may disclose certain portions of your health information to these business associates, so they can do their jobs for us. Each of our business associates is also required by law to safeguard your information.
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Your Authorization For Us to Use and Disclose Your Health Information

Easterseals Northern California will obtain written authorization for other uses and disclosures of your health information not covered by this Notice. You or your legally authorized representative may revoke such an authorization in writing at any time, and we will stop disclosing your health information that was permitted by the authorization. Any disclosures made prior to the revocation will not be affected by the revocation.

Language Assistance Services

Spanish (Español). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-925-849-8973.

Chinese (繁體中文). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-925-849-8973。

Vietnamese (Tiếng Việt). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-925-849-8973.

Tagalog. PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-925-849-8973.

Korean. 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-925-849-8973.

Armenian (Հայերեն). ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-925-849-8973.

فراهم شمای رای رایگان به صورت زبانی تا سه یلات ک زید، می گ فتگو فارسی زبانی به اگر: توجه
Persian (Farsi). به گ یزید دت ماس 1-925-849-8973 با باشد می

