

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Although your record is the physical property of Family Continuity, the information belongs to you. Family Continuity has implemented procedures as described in the federal law that allows you several rights:

### Right to See and Get Copies of Your Health Information

In most cases, you have the right to look at or get copies of information that we have. If we don't have your information but we know who does, we will tell you how to get it. We will respond to you within 14 days after receiving your request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and how you can have the denial reviewed. If you request copies of your information, we may charge a fee for the costs of the copying, mailing, or other supplies associated with your request.

### Right to Correct or Update Your Health Information

If you believe that there is a mistake in your information or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. That request must be made in writing and you must provide a reason for the change. We will respond within 60 days of receiving your request. We may deny your request if it does not include a reason to support the request. Also, we may deny your request if the information in your record is:

- correct and complete;
- not created by us;
- not allowed to be looked at and copied for you; or
- not part of our records.

Our written denial will tell you the reasons for the denial and will tell you how to file a written statement of disagreement with the denial.

### Right to Get a List of the Disclosures We Have Made

You have the right to get a list of instances in which we have disclosed your information. This list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, made directly to you, to your family, or in our site directory. This list also won't include uses and disclosures we may have made for national security purposes, to corrections or law enforcement personnel, or before the effective date of this notice. We will respond within 60 days of receiving your written request and will include disclosures made in the last six years, but not before the effective date of this notice, unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we may charge you a fee for each additional request. We will notify you of the cost involved and you may choose to withdraw or change your request at that time.

### Right to Request Limits on Uses and Disclosures of Your Health Information

You have the right to ask that we limit how we use and disclose your information. We will consider your written request but are not legally required to accept it. If we accept your request, we will abide by it except in emergency situations. You may not limit the uses/disclosures that we are legally required or allowed to make.

### Right to Choose How We Send Health Information to You

You have the right to ask that we send information to you at an alternate address or by alternate means to ensure confidentiality. We must agree to your request so long as we can easily provide it in the format and manner you requested.

### 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 this notice at any time. You may also obtain a copy of this notice at our website, [www.familycontinuity.org](http://www.familycontinuity.org)

### Right to Withdraw Your Authorization to Use or Disclose Your Health Information

If you give us permission to use or disclose your information, you may withdraw or cancel that permission, in writing, at any time. If you withdraw 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.

## **REQUIRED USES AND DISCLOSURES**

We are required to provide you, your personal representative (except in certain circumstances), or your guardian (dependent on state law) with a copy of your information upon your request.

We are required to provide your information to the Secretary of Health and Human Services of the United States Government upon his or her request for the purposes of investigation and matters relating to complaints concerning Family Continuity's practices, policies, and or procedures under the Privacy Rule.

## **PERMITTED USES AND DISCLOSURES**

### Treatment, Payment and Health Care Operations

Federal law allows a health care provider to use and disclose PHI, for the purposes of treatment, payment and health care operations, without your consent or authorization.

Examples of the uses and disclosures that we, as a health care provider, may make under each section are listed below:

- Treatment refers to the provision and coordination of health care services by a therapist, psychiatrist, mental health professional, social worker, psychologist, nurse, case manager or other mental health treatment professionals responsible for your care. For example, assessments completed by your

therapist will be documented within your record. As a member of a larger treatment team, information on your assessment such as diagnosis and initial treatment plan may be shared with the entire treatment team.

- Payment refers to the activities of a health care provider such as obtaining or providing reimbursement for the provision of health care, determining eligibility or coverage, billing, claims management, collection activities, review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, justification of charges, and utilization review activities, including pre-certification and preauthorization of services and concurrent and retrospective review of services. For example, we may collect your name, social security number, diagnosis, treatment location, and type of procedure in order to complete a claim form. We may then send that claim form to your insurance company so that we may receive payment from them for the services we provided.
- Health Care Operations refer to the basic business functions necessary to operate as a health care provider. Examples of uses and disclosures under this section include: conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, protocol development, reviewing the competence or qualifications of staff, evaluating staff performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, accreditation, certification, licensing, or credentialing activities, legal services, and auditing functions, including fraud and abuse detection and compliance programs; and other related functions that do not include treatment. For example, we may review information in your record to see if you and other persons served at Family Continuity are meeting treatment goals. We will then analyze this information and makes changes to the way we provide care. We may read your treatment plans and those of others we are treating at Family Continuity to ensure that your therapist and other treatment professionals are completing the treatment plans in a timely manner. We may review your record, and many others at Family Continuity, to help us prepare for a forthcoming licensing or accreditation visit.

### Other Uses and Disclosures Allowed Without Authorization

We will allow our business associates to use your health information if needed.

Some functions are provided by people or companies, known as business associates, who are not employed by us. For example, Family Continuity uses a third party billing company to help us bill for services. Therefore we provide

them information to complete the claim form. Family Continuity requires business associates to protect our persons' served health information through a Business Associate Agreement.

We will provide information about you for use in our on site clinic room scheduler

Unless you tell us not to, we will share your name and location in the facility with other people who ask for you by name. We also may give your name and location to members of the clergy.

We will give information to:

- A family member or friend who is involved in your care
- Persons who help pay for your care
- An organization assisting in disaster relief efforts so that they can know about your condition and location.

We may provide your health information to coroners, medical examiners, and funeral directors. This could be needed to:

- Identify a deceased person.
- Allow funeral directors to carry out their duties.

We may share your health information with organ transplant organizations

We may share health information with organizations or groups that manage, bank, or transplant organ and tissue donations.

We may call you about appointments or treatment.

For example, we may call you to remind you about a scheduled appointment at Family Continuity.

We may use your health information for fundraising activities.

For example, we may use information about you to contact you in an effort to raise money for Family Continuity.

We will share health information about you to assist public health activities or as required by law, for example, to:

- Prevent or control disease, injury, or disability.
- Report births, deaths, and child abuse or neglect.
- Report reactions to medications or problems with faulty products.
- Notify people of recalls of products they may be using.
- Notify a person who may have been exposed to or is at risk for getting/spreading a disease.
- Notify a proper authority if we believe a client is a victim of abuse, neglect, or domestic violence.

We may use your health information for Worker's Compensation.

For example, if you are injured on the job, we may share information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

We may share your health information with a correction institution.

For example, if you are an inmate or in the custody of law enforcement, information may be shared to:

- Provide you with health care.
- Protect your health and safety and the health and safety of others.
- Assist in the safety and security of the correctional institution.

We will give your health information to law enforcement.

For example, we may share your health information as needed:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- If we suspect you are a victim of an accident or crime.
- If death occurs, which we believe may be the result of a crime.
- In an emergency to report the identity, description or location of a crime, the victims, or the person who committed the crime.

If you would like to file a complaint regarding Family Continuity's privacy practices, policies or procedures or you think your rights under this notice have been violated, please feel free to contact: Tamara Lange at 978-927-9410 who will work with you to resolve your complaint. You may also contact the Secretary of the United States Department of Health and Human Services at 1-877-696-6775.

**You will not be penalized or otherwise retaliated against for filing a complaint.**

Revised 9/28/15



Supporting family success in every community.

## Family Continuity

**NOTICE OF PRIVACY PRACTICES**  
**Effective Date of this Notice 4/13/03**

**THIS NOTICE DESCRIBES HOW HEALTH 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 our Compliance Officer: Tamara Lange - 978-927-9410.**

*Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health condition, in the past, present or future. The contents of this information may include information we have created and recorded about you AND information that we have received about you from another health care provider, such as a hospital, doctor, or therapist. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI. As a health care provider we are required by Federal Law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a paper copy of the revised Notice will be provided to all individuals receiving services from Family Continuity at that time.*