

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.

PRIVACY NOTICE

This notice explains how we use and disclose the information we gather about you to provide you services and treatment. We call this information **protected health information** ("PHI" for short). You have the right to the confidentiality of your PHI in accordance with the law and our policies. If you have any questions about this notice, please contact our **Privacy Officer** at the address below.

OUR PLEDGE REGARDING PHI

We understand that information about you and your mental and physical health is personal and confidential. Therefore, protecting information about you is important to us. We create a record relating to the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care maintained by Family Service of Rhode Island, whether made by service/treatment professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose PHI about you. It also describes your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- maintain the privacy of PHI;
- give you this notice of our legal duties and privacy practices with respect to PHI; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we may use and disclose PHI about you, along with some examples. Not every use or disclosure in a category will be listed.

For Treatment. We may use PHI about you to provide you with service/treatment. We may disclose PHI about you to doctors, nurses, technicians, or other health care and mental health professionals who are involved in taking care of you. For example, a doctor treating you for a mental health condition may need to know about health conditions that may be affected by certain mental health medications. Different professionals also may share PHI about you in order to coordinate the different things you need, such as prescriptions or lab work. We also may disclose PHI about you to people outside of Family Service of Rhode Island who may be involved in your service/treatment after you leave Family Service of Rhode Island.

For Payment. We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, your insurance company may need to know about surgery you received so they will pay us or reimburse you for the emergency intervention. We may also use and disclose PHI about you to obtain prior approval or to determine whether your insurance will cover the treatment.

For Health Care Operations. We may use and disclose PHI about you in the course of operating Family Service of Rhode Island. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to clinical and other personnel for review and training purposes.



Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care; although we will only do so with your permission.

Treatment Alternatives. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose PHI to tell you about related benefits or services that we offer that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release PHI about you to a friend or family member who is involved in your service/treatment. We may also give information to someone who helps pay for your care. However, we will only do so with your written permission.

Research. Under certain circumstances, we may use and disclose PHI about you for research purposes. Family Service of Rhode Island staff members conduct only statistical research for purposes of education, planning, and the improvement of the quality of service delivery. It is Family Service of Rhode Island's policy to comply with all state and federal laws regarding obtaining consent from research participants. Family Service of Rhode Island does not conduct research that involves direct treatment, care or service related to pharmaceuticals, or experimental psychological or psychiatric treatments or practices.

As Required By Law. We will disclose PHI about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. Consistent with state law, we may use and disclose PHI about you when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will only be to someone who is able to help prevent the threat.

Fundraising Activities. We may want to use PHI about you in our fundraising efforts, but will do so only with your written permission (and in advance of any related fund-raising event). We will not disclose PHI to others for this purpose.

Workers' Compensation. If we provide you services for a work-related injury, we may release PHI about you to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses, to the extent permitted by state law.

Reports Required by Law. We may disclose PHI when we are legally required to do so. For example, we may use PHI to make mandatory reports to various government agencies about communicable diseases; clients whom we believe to be victims of child abuse, mistreatment, or neglect; problems with medical and other products, and reactions to medications; and certain types of deaths and injuries.

Health System Oversight Activities. We may disclose your PHI to government agencies authorized by law to license, audit, inspect, or investigate health and mental health care providers and the health and mental health care systems.

Legal Proceedings. We may disclose PHI pursuant to a valid court order, search warrant, and, under certain circumstances, in response to a subpoena or other discovery request.

Death Certificates. We may release a copy of the death certificate of a deceased patient to funeral directors and/or medical examiners, in accordance with state law.



WHEN OUR USE OR DISCLOSURE OF PHI REQUIRES YOUR PRIOR WRITTEN AUTHORIZATION

We must ask for your written authorization for any uses and disclosures of PHI that are not described above. If you authorize us to use or disclose PHI about you, you may revoke (cancel) that authorization, in writing, at any time. If you revoke your authorization, thereafter we will no longer use or disclose PHI about you based on the 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 care that we provided to you. You can revoke an authorization by written request to our Quality Management Department at the address below.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the following rights regarding PHI we maintain about you:

Right to Review and Receive a Copy. You have the right to review and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes service and billing records, but does not include psychotherapy notes.

To review and receive a copy of PHI that may be used to make decisions about you, you must submit your request in writing to our Quality Management Department at the address on the last page of this notice. If you request a copy of PHI, we may charge a fee for the costs of copying, mailing and other supplies associated with your request, as permitted by law.

We may deny your request to review and receive a copy of PHI in certain circumstances. If you are denied access to PHI about you, we will tell you, in writing, our reason(s) for the denial and explain what appeal rights, if any, you have.

Instead of providing the information you requested, we may offer to give you a summary or explanation of the information, as long as you agree to it, and to the associated cost, in advance.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to fix the information. You have the right to request a correction for as long as the information is kept.

Your request for a correction must be made in writing and include a reason for the request. You should submit your request to our Quality Management Department at the address below.

We may deny your request for a variety of reasons. If we deny your request, we will inform you in writing of the reason(s) for the denial and explain your rights regarding responding to the denial.

If we agree to your request, we will change your information, inform you of the change, and tell others who need to know about the change to your information.

Right to a List of Disclosures. You have the right to an accounting of instances in which we disclosed PHI about you to others. Some disclosures will not be listed, however. For example, the list will not include disclosures made for the purpose(s) of treatment, payment, or health care operations, or disclosures that you authorized or that were made directly to you.

We will report disclosures made within the six years prior to your request, unless you request a shorter timeframe. However, our obligation to account for disclosures begins with disclosures made after April 13, 2003.

If you ask for more than one accounting within a twelve-month period, we may charge you a fee for every accounting provided after the first one. To get a list of disclosures you must submit a request to our Quality Management Department at the address below.



Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI about you we use or disclose for the purpose(s) of treatment, payment or health care operations. We will consider your request but are not legally required to agree to it. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Quality Management Department at the address below. 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.

Right to Request Confidential Communications. You have the right to request that we communicate with you about service/treatment 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. We will agree to your request as long as we can easily provide the information in the way you request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.familyserviceri.org.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. Any change we make will apply to PHI we already have as well as any information we receive in the future. We will post a copy of the current notice in the Family Service of Rhode Island waiting room. This notice contains on the first page, in the top right-hand corner, its effective date. This notice supersedes any and all prior versions of this notice.



PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, wish to exercise any of the rights explained in it, or file a complaint about our privacy practices, feel that we may have violated your privacy rights, or disagree with a decision we made about your PHI, please contact our Privacy Officer at the address below.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. **We will not retaliate against you for filing a complaint.**

PRIVACY OFFICER

Vice President of Quality Management
Family Service of Rhode Island

55 Hope Street, PO BOX 6688, Providence Rhode Island 02940-6688
tel: 401-331-1350 X3232
fax: 401-331-0057

I have received Family Service of Rhode Island's Privacy Notice.

Client/Patient Name (Please Print)

Client's/Patient's Signature

Date

Client's/Patient's Personal Representative

Relationship to Client/Patient

This page (5 of 5) is carbon copied. One copy is for the client and one copy is for Family Service of Rhode Island.