

**NortheastArc**  
Life-Long Support for People with Disabilities  
**Notice of Privacy Practices**

NORTHEAST ARC , INC.

Policy #: HIP-05-a

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**If you have any questions about this Notice please contact:  
Gary Penniman, who is our Privacy Officer  
(978) 762-4878**

This Notice of Privacy Practices describes how **NORTHEAST ARC , INC.** (the Agency) may use and disclose your protected health information to carry out treatment, payment or Agency operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time and the new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website [nsarc.org](http://nsarc.org), calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**1. Uses and Disclosures of Protected Health Information**

The Agency is allowed to use and disclose your personal health information when that information is used in the areas of treatment, payment and operations.

1. You will be asked by your service provider to sign an Authorization Form. Once you have authorized the use and disclosure of your protected health information for treatment, payment and Agency operations by signing the Authorization Form, we will use or disclose your protected health information only as described in this Section 1. Your protected health information may be used and disclosed by your service provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the Agency's services.
2. The following are examples of the types of uses and disclosures of your protected health care information that the Agency is permitted to make once you have signed an Authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided authorization.
  - a. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services.

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This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other agencies, both public and private, that may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

- b. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to a private health plan or MassHealth to obtain approval for the hospital admission.
- c. **Agency Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of the Agency. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to student interns who see clients at the Agency. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate which service provider within the Agency you are visiting. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the Agency. Whenever an arrangement between our office

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and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about the Agency and the services we offer. We may also send you information about seminars or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials **not** be sent to you.

We may use or disclose your demographic information and the dates that you received services from the Agency in order to contact you asking for your support of our fundraising activities. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials **not** be sent to you.

3. **The Agency's use and disclosure of protected health information must be based upon your written Authorization.**
  - a. Uses and disclosures of your protected health information for purposes other than treatment, payment, or Agency operations will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke the Authorization at any time, in writing, except to the extent that the Agency or your service provider has taken an action in reliance on the use or disclosure indicated in the Authorization.
4. **You may authorize other uses and disclosures of your personal health information.**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then the Agency or individual service provider, using professional judgment, may determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your current situation will be disclosed.

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- a. **Agency Directories:** Unless you object, we will use and disclose in our Agency directory your name, the location at which you are receiving care, your condition (in general terms), and the type of services you receive. All of this information will be disclosed to people who ask for you by name.
  - b. **Others Involved in Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.
  - c. **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, the Agency shall try to obtain your authorization as soon as reasonably practicable after the delivery of treatment. If your service provider in the Agency is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.
  - d. **Communication Barriers:** We may use and disclose your protected health information if your service provider or someone else within the Agency attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.
5. **We may use or disclose your protected health information in the following situations without your consent or authorization.**
- a. **Required By Law:** We may use or disclose your protected health information to the extent that the law requires its use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
  - b. **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will

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be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

- c. **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- d. **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee health care and human services systems, government benefit programs, other government regulatory programs and civil rights enforcement agencies.
- e. **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- f. **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, or biologic product deviations; to enable product recalls; to make repairs or replacements; or to conduct post marketing data collection, as required.
- g. **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- h. **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Agency, and (6) medical emergency (not on the Agency's premises) and it is likely that a crime has occurred.
- i. **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for

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identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

- j. **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- k. **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- l. **Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.
- m. **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your service provider created or received your protected health information in the course of providing care to you.
- n. **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military armed services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- o. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**6. Your Rights**

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The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- a. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the practice use for making decisions about you.
- b. Under federal law you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.
- c. **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- d. Your service provider is not required to agree to any restriction that you may request be placed on the use or disclosure of your personal health information. If the service provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your service provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your service provider. You may request a restriction by asking your service provider for the appropriate internal form.
- e. **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

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- f. **You may have the right to request that your service provider amend your protected health information that is being held in a designated record set.** In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and we will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your personal health information.
- g. **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding any applicable disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations and you should contact our Privacy Officer if you have any questions about this accounting.
- h. **You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.**

**7. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. Please be assured that we will not retaliate against you for filing a complaint. If you have any questions about filing a complaint, you should feel free to contact our Privacy Officer, Gary Penniman, at (978) 762-4878 or [gpenniman@nsarc.org](mailto:gpenniman@nsarc.org).

# NortheastArc

Life-Long Support for People with Disabilities

## 8 Receipt of Privacy Practices

Consumer # \_\_\_\_\_ (For FI Use Only)

To Whom It May Concern:

I am a consumer in the Northeast FI Program.  
I acknowledge that I have been informed of the NORTHEAST ARC'S Notice of Privacy Practices by my skills trainer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Consumer Name

\_\_\_\_\_  
Print Legal Guardian Name

\_\_\_\_\_  
Consumer or Legal Guardian Signature

Consumer Address \_\_\_\_\_

Street

\_\_\_\_\_  
City or Town,

\_\_\_\_\_  
State, Zip Code

Please return this page with your FI Start Up package:

**Northeast Arc FI**  
**Attn : Privacy Officer NEARC**  
**6 Southside Rd.**  
**Danvers MA. 01923**