

Notice of Privacy Practices

This Notice describes how medical and personal information about you may be used and disclosed and how you can access this information. Please review it carefully.

This Notice of Privacy Practices applies to all programs and affiliates of Easter Seals New Hampshire Inc, Easter Seals Vermont Inc and the Manchester Alcoholism and Rehabilitation Center d/b/a/ Farnum Center (Easterseals).

We understand that your health and protected information is personal, and your privacy is important to us. This document outlines how Easterseals may use or share your protected health information (PHI) to provide care, pay for services, operate our programs, and for other purposes allowed or required by law.

Easterseals is required by law to follow the terms of this Notice. We may update this notice at any time. Any new notice will apply to all PHI maintained by Easterseals. You may request a current version at any time by visiting our website, calling the Compliance office at 800-870-8728 x 3001 or via email Compliance@eastersealsnh.org. Notices are also kept at Easterseals programs and can be requested from staff.

Protected Health Information (PHI) refers to information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health or substance use, or other programs and services operated by Easterseals.

42 CFR Part 2 refers to additional privacy protection, above and beyond HIPAA, that applies to and protects the confidentiality of substance use disorder (SUD) treatment records. Farnum Center, a program of Easterseals, provides substance use disorder (SUD) treatment services and is therefore responsible for adhering to 42 CFR Part 2 guidelines which may differ from HIPAA guidelines. This additional privacy protection is designed to encourage individuals to seek care for substance use issues without fear of stigma or legal consequences.

1. How We May Use and Share Your Protected Health Information

For Treatment, Payment, and Operations

Your PHI may be used or shared by the Provider of services, our staff, or others involved in your care:

- **Treatment:** To provide, coordinate, or manage your care and related services. *Example: A Clinician may share information with another Clinician involved in your treatment.*
- **Payment:** To bill and receive payment for services provided to you by Easterseals. *Example: Your insurance company may request information to validate and process a claim for services.*
- **Operations:** To support business and quality improvement activities such as audits, licensing, and accreditation. *Example: We may use your information to evaluate the effectiveness of the care we provide.*

Other Permitted Uses and Disclosures Without Client Authorization-HIPAA

Easterseals may use or share your PHI without your written permission in the following circumstances:

- Required by law: To comply with federal, state, or local laws.
- Public Health: To prevent or control disease, report adverse events, or respond to public health requirements.
- Communicable Diseases: To alert people who are at risk of exposure, as allowed by law.
- Health oversight: For audits, inspections, or investigations by regulatory agencies.
- Abuse or Neglect: To report suspected child, elder or vulnerable population abuse or neglect.
- Legal Proceedings: In response to court orders, subpoenas, or other lawful processes.
- Law Enforcement: For legal investigations, crime reporting, or emergencies, consistent with legal requirements.
- Threats to health of an individual or public safety: If necessary to prevent or lessen a serious and imminent threat to a person or the public.
- Medical Emergency

Other Permitted Uses and Disclosures Without Client Authorization-42 CFR Part 2

Easterseals may use or share your PHI without your written permission in the following circumstances:

- Internal Communication between members of your care team.
- Medical Emergency
- Crime committed on SUD treatment program premises or against SUD treatment program staff.
- Research
- Audit and Evaluation
- Reporting Child Abuse and/or Neglect
- Properly Issued Court Order

Business Associates: We may share your PHI with third-party business associates who perform services on our behalf (for example, Medical Directors). We have contracts with these partners to protect your privacy.

Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of PHI not listed above require your written authorization or the written authorization of your guardian or other individual given the authority to act on your behalf.

Uses and Disclosures Where You Can Agree or Object

Under HIPAA, you have the right to agree or object to certain uses and disclosures of your PHI. The circumstances below do not apply to 42 CFR Part 2 protected services.

- **Family, friends, and others involved in your care:** We may share PHI relevant to their involvement unless you object.
- **Notification and disaster relief:** We may disclose PHI to notify family or assist in disaster relief unless you object.

If you are not present or cannot either agree or object, Easterseals may, using professional judgement, determine whether the disclosure is in your best interest.

2. Your Rights

The Notice of Privacy Practices is not a consent form. It is a disclosure that empowers you by outlining your key rights concerning your protected information.

- **Copy of your record:** You have the right to obtain a copy of your client and/or billing record, including an electronic copy if requested. We will provide a copy of your record, usually within 30 days of the request.
- **Amendment:** If you believe your health information is incorrect or incomplete, you have the right to request a correction. The program or agency designee will review your request to determine if the request can be honored. If the request is denied, we will provide the reason for denial, in writing, within 60 days of receipt of your request. You have the right to file a statement of disagreement, and we may prepare a rebuttal.
- **Confidential Communication:** You can request we contact you in a specific way (for example, home, cell, office phone). Please note-if the voicemail of the preferred telephone number you identify does not indicate it belongs to you, to protect your privacy, we will not leave a voicemail.
- **Ask us to limit what we use or share:** You can request that we not use or share certain information outside of Easterseals, for purposes of treatment, payment, or operations. This includes how information is shared with your family or others involved in your care and disaster relief situations. There are circumstances we must deny your request to comply with other regulatory or reporting requirements. Additionally, 42 C.F.R. Part 2 provides enhanced privacy protection for records of individuals receiving substance use disorder (SUD) treatment.
- **Accounting of Disclosures:** You may request a list of certain disclosures of your PHI, excluding those for treatment, payment, and operations, or as otherwise allowed by law. The Program or its designee will respond to your request within 60 days of receipt. One report per 12-month period will be provided at no cost. Additional requests may incur a fee.

- **Get a copy of this Notice:** You may request a paper copy of this notice, even if you have already received or requested an electronic copy.
- **Additional Protections for Substance Use Disorder Information (42 CFR Part 2)**
 - We cannot disclose information that identifies you as receiving or having received SUD treatment without your written consent, except in limited circumstances listed in section *Other Permitted Uses and Disclosures Without Client Authorization-42 CFR Part 2*
 - Information about your SUD treatment cannot be used to investigate or prosecute you unless a court specifically allows it.
- **File a Complaint:** If you feel your privacy rights have been violated, please contact our Compliance Department at 800-870-8728 x 3001 or via email address Compliance@eastersealsnh.org. You will not be retaliated against for filing a complaint.

3. **Easterseals Responsibilities**

Easterseals complies with HIPAA and 42 CFR Part 2 guidelines. By law, Easterseals is required to:

- Maintain the privacy and security of your protected information.
- Notify you if a breach occurs that may have compromised your information.
- Follow the duties and privacy practices described in this Notice.
- Provide you with a copy of this Notice and update it when necessary.

If you have questions about this notice, or if you believe your privacy rights have been violated, please contact:

Easterseals Compliance Office
555 Auburn St.
Manchester, NH 03103

Telephone: 800-870-8728 x3001

Email: compliance@eastersealsnh.org

Last Update: 10/27/2025

Next Review: 10/2026