

## Notice of Privacy Practices

### **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.**

Invest EAP is a program of the State of Vermont Division of Vocational Rehabilitation (DVR), and also involves the efforts of affiliated consultants and their staff. In this Notice of Privacy Practices (Notice), “we”, “us” and “our” mean DVR, in the context of the Invest EAP program.

We are required by federal law to maintain the privacy of your “protected health information,” or “PHI” for short. PHI 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. This federal law, known as the HIPAA Privacy Rule, also requires us to offer you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this Notice while they are in effect. This Notice takes effect February 1, 2004, and will remain in effect until we replace it.

We reserve the right to change the terms of the Notice at any time, provided such changes are permitted by applicable law. Any new Notice will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice by sending a copy to you in the mail upon request, having copies of the revised Notice available at our service locations for you to request and take with you, and posting the Notice at those locations. You may also find a current copy of our Notice, at any time, on [www.vocrehabvermont.org](http://www.vocrehabvermont.org).

For more information about our privacy practices, or for another copy of this Notice, please contact our compliance officer (contact information is set forth below).

### Uses and Disclosures of PHI

Although the HIPAA Privacy Rule does allow for the use and disclosure of your PHI for the treatment, payment and health care operations activities identified below, without your consent, *we will still seek your written consent, up-front, for these activities – this is our internal policy. It is also our practice to obtain a more explicit written consent from you before disclosing specific PHI to a third party for any of these activities.*

Please understand that Vermont law requires us to obtain your consent before disclosing PHI for at least some of the activities identified below. As a result, our own internal policies are also designed to comply with Vermont law.

**Treatment.** Assessment, counseling, referral, and short-term problem resolution services. For example, we may use the PHI that you provide to us so that we can assess your condition and provide counseling and referral services to you, and we may disclose your PHI to other professionals if we refer you for follow-up, specialized treatment.

**Payment.** Eligibility or coverage determinations for health care benefits, claims management, appropriateness of care, justification of charges, and utilization review activities. For example, we may use your PHI to determine eligibility or coverage for health care benefits, and we may disclose your PHI to a private insurance company so that it might authorize follow-up services.

**Health care operations.** Business functions, including, but not limited to: operations management, administrative activities, quality assessment and improvement, case management, legal review, and reviewing the competence or qualifications of healthcare professionals. For example, we may use your PHI to evaluate staff performance, and disclose your PHI to a third party who assists us with quality assessment and improvement activities.

### Uses and Disclosures Not Requiring Consent or Authorization

The law allows us to use/disclose your PHI without your consent or authorization under the following circumstances:  
**Appointment reminders.** We may use/disclose your PHI to contact you as a reminder that you have an appointment.

**When disclosure is required by state, federal or local law.** We may use/disclose your PHI when a law requires that we report information about suspected child or vulnerable adult abuse or neglect. We must also disclose information to authorities that monitor compliance with these privacy requirements. In addition, we may disclose PHI if we are compelled to do so by a court order.

**To avoid harm.** We may use/disclose PHI about you when necessary to prevent or lessen a serious threat to your health or safety, or the health and safety of the public or another person. If we reasonably believe you pose a serious threat of harm to yourself, we may contact family members or others who can help protect you. If you communicate a serious threat of bodily harm to another, we may be required to notify law enforcement and the potential victim.

**Judicial and administrative proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding, in response to lawful process and to the extent that we are compelled by law to do so.

**Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or grand jury or administrative subpoena.

**As required by law.** We may use/disclose PHI when required to do so by any other law not already referred to in the preceding categories.

*Please understand that the HIPAA Privacy Rule allows us to use/disclose your PHI for other purposes, without your consent – however, it is our internal policy to not do so. As mentioned above, we also are aware of, and comply with, restrictions on the disclosure of your PHI that are created by Vermont law.*

### Uses and Disclosures Requiring Your Authorization

If we need to use/disclose your PHI for purposes other than those described above, we need your permission on an authorization form that meets HIPAA Privacy Rule requirements. If you give us authorization to use/disclose your PHI, you may revoke that authorization in writing at any time (please send a written revocation to our compliance officer). After you revoke an authorization, we will no longer use/disclose your PHI for the reasons described in that authorization, except to the extent that we have already done so.

### Your Rights

You have the following rights under the HIPAA Privacy Rule – please direct all requests to implement these rights to our compliance officer (contact information is set forth below):

**Access.** You have the right to inspect or obtain copies of your PHI, with limited exceptions. You must make a request in writing to us to obtain access to your PHI. We may charge a reasonable cost-based fee to respond to your request.

**Disclosure Accounting.** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, health care operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction.** You have the right to request that we place additional restrictions on certain of our uses/disclosures of your PHI. We are not required to agree to these additional restrictions.

**Alternative Communication.** You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location.

**Amendment.** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why PHI should be amended. We may deny your request under certain circumstances.

**Paper Copy.** You always retain the right to receive a paper copy of this Notice, upon request.

### Other Laws

In some situations, we may be required to follow state privacy or other applicable laws that are more stringent in terms of the privacy protection they afford to you and your PHI than the HIPAA Privacy Rule. State laws that may govern our use/disclosure of your PHI and that may provide you with greater privacy protections than the Privacy Rule include the Vermont Patient Privilege Statute and Agency of Human Services Rule 96-23. We will follow the requirements of any state or other law that obligates us to use/disclose your PHI in a more private or confidential manner than the Privacy Rule.

### Questions and Complaints

If you are concerned that we may have violated your privacy rights, you may complain to our compliance officer (contact information is set forth below). You also may submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### Contact Information

HIPAA Compliance Officer, DVR, Osgood II, 103 South Main Street, Waterbury VT 05671-2303, 1-866-879-6757 (Voice/TTY) or (802) 241-2186, FAX (802) 241-3359

Office for Civil Rights, U.S. Department of Health & Human Services, JFK Federal Building, Room 1875, Boston, MA 02203, (617) 565-1340; (617) 565-1343 (TDD), (617) 565-3809 FAX