

# Notice of Privacy Practices

## Your Information. **Your Rights.** Our Responsibility.

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. NORTHERN RIVERS FAMILY OF SERVICES IS THE PARENT COMPANY OF NORTHEAST PARENT & CHILD SOCIETY, PARSONS CHILD & FAMILY CENTER, AND UNLIMITED POTENTIAL. PRIVACY PRACTICES APPLY TO NORTHEAST, PARSONS, AND UNLIMITED POTENTIAL AS MEMBER AGENCIES.

### Your Rights

When it comes to your health information, you have certain rights. This Notice explains your rights and our responsibilities to help you; for example, for your treatment, we may share information with other Northern Rivers affiliates without additional notification.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address or to receive the Notice electronically. We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if doing so would affect your care.
- If you pay for a service or health-care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information with external parties for 6 years prior to the date you ask, whom we shared it with, and why. We will include all the times we shared your information except for those about treatment, payment, and health-care operations, as well as certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this Privacy Notice

You may ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You may complain if you feel we have violated your rights by contacting us using the information at the bottom of this page.
- You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Ave. SW, Washington, DC 20201; calling 877.696.6775; or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

For certain health information, you can tell us your preferences about what we share. If you have a clear preference for how we share your information in the following situations, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster-relief situation
- Contact you for fundraising efforts; you may also tell us not to contact you again

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order or in response to a subpoena.

#### Other Information

We never share any HIV-related information or information about substance abuse treatment, mental health, reproductive care, or genetic records without your written permission or as required by law.

### Our Responsibility

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us in writing that we can do so. If you tell us we can, you may change your mind at any time, but you must let us know in writing that you have changed your mind.

### Changes to This Notice

Northern Rivers reserves the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revised Notice. We will post any revised Notice in our agency offices. You will also be able to obtain your own copy of the revised Notice on request or by visiting our website at [www.northernrivers.org](http://www.northernrivers.org).

If you have any questions, please contact:

**Susanne Alterio**  
Privacy Officer  
[Susanne.Alterio@northernrivers.org](mailto:Susanne.Alterio@northernrivers.org)  
518.426.2600

For more information visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

This Notice will take effect on October 1, 2015, and supersedes previous Notices provided to you by Northern Rivers Family of Services. Updated August 8, 2019.

**NORTHERNRIVERS**