



Southeastern Developmental Services

NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003

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.

This privacy notice is required by new federal regulation, signed into law in 1996 known as the Health Insurance Portability and Accountability Act. (HIPPA).

This notice will tell you how Southeastern Developmental Services, Inc. (SDS) may use and disclose protected health information about you. Protected Health Information (PHI) means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as "medical information." In this notice, all protected health information will be called "health information, or PHI."

This notice also will tell you about your rights and SDS duties with respect to health information about you. In addition, it will tell you how to complain to SDS if you believe we have violated your privacy rights.

Right to Change Notice of Privacy Practices.

SDS reserves the right to change this Notice of Privacy Practices. SDS reserves the right to make the new notice's provisions effective for all health information that SDS maintains, including information created or received by SDS prior to the effective date of the new notice.

HOW SOUTHEASTERN DEVELOPMENTAL SERVICES, INC. MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

SDS has policies in effect concerning Confidential Information, Master Records and Access to Information. These policies outline practices that SDS will continue in addition to this Privacy Notice.

The law required SDS to have your written authorization for some uses and disclosures. In other circumstances, the law allows SDS to use and disclose PHI without your written authorization.

SDS may use or disclose PHI without your authorization for purpose of treatment, payment or health care operations.

For Treatment. SDS uses health information about you to provide, coordinate, or manage the services, supports, and health care you receive from SDS and other Program



Approved Service Agencies. SDS may disclose health information about you to doctors, nurses, psychologist, social workers, agency staff, consultants, volunteers and other persons who are involved in supporting you or providing care or treatment. SDS may consult with other health care providers, and as part of the consultation share your health information with them. SDS staff may discuss your PHI to develop and carry out your individual plan. SDS staff may share information to coordinate needed services such as medical tests, transportation to a doctor or therapy. SDS staff may need to disclose health information to entities outside SDS (for example, another provider or a state or local agency) to obtain new services for you.

For Payment. SDS may use and disclose PHI about you so we can be paid for the services SDS provides. This can include billing a third party payer, such as Medicaid or other state agency (for example, Developmental Disabilities Services). SDS needs to provide the state Medicaid program and billing agent information about the services SDS provides to you so we will be reimbursed for those services. SDS also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

For Health Care. SDS uses and discloses health information about you for our own operations. This is necessary for us to operate SDS and to maintain quality for our consumers. For example, SDS may use PHI about you to review the services provided and the performance of our employees supporting you. SDS may disclose PHI about you to train staff and volunteers. SDS may use the information to study ways to more efficiently manage the organization, for accreditation or licensing activities, or for the quality assurance survey process.

Certain uses and Disclosures Do Not Require Your Written Authorization

The law allows SDS to disclose PHI without written authorization in the following circumstances. The amount of information disclosed will be restricted to the minimum amount necessary to accomplish the intended purpose of the disclosure.

When Required by Law. SDS discloses PHI when required to do so by federal, state or local law.

To Law Enforcement. SDS may release PHI (a) in response to a court orders, subpoena, warrant, summons, or similar process, (b) to identify or locate a suspect, fugitive, material witness, or missing person, (c) about the victim of a crime if we are unable to obtain the person's authorization, (d) about a death that may be due to criminal conduct, (e) about criminal conduct at the facility, (f) and in emergency circumstances, to report a crime, its location or victims, or the identity description or location of the person who committed the crime.

Victims of Abuse, Neglect, Domestic Violence. SDS may disclose PHI about you to a government authority authorized by law to receive reports of abuse, neglect or domestic



violence. This disclosure will occur as required by law for entities serving developmentally disabled individuals.

For Public Health Activities. SDS discloses PHI to report suspected abuse, the occurrence of certain diseases, or adverse reactions to a medical device.

To Health Oversight Agencies. SDS will provide PHI as requested to government agencies with the authority to audit or investigate our operations.

For Lawsuits and Disputes. If you are involved in a lawsuit or dispute, SDS may disclose your PHI in response to a subpoena or other lawful request, but only if efforts have been made to tell you about the request or to obtain a court order that will protect the PHI requested.

To Coroners, Medical Examiners and Funeral Directors. SDS may disclose PHI about you to a coroner, or medical examiner for purposes of identifying a deceased person, determining a cause of death, or to a funeral director as necessary to facilitate their duties.

For Research. By current policy, SDS does not disclose PHI for research purposes.

To Advert a Serious Threat to Health and Safety. SDS may disclose your PHI to someone who can help prevent a serious threat to your health and safety or the health and safety of another person or the public.

Uses and Disclosures that Require Southeastern Developmental Services, Inc. to Give You the Opportunity to Object.

How SDS will Contact You. Unless you indicate otherwise, SDS will contact you either by mail or telephone at your home or workplace. At either location, SDS may leave messages on the answering machine or voice mail. If you wish for SDS to communicate with you in a certain way, or at a certain location, you should complete a Request for Confidential Communications form available from your Case Manager.

Appointment Reminders. SDS uses and discloses PHI about you to contact you to remind you of an appointment for treatment or services.

Treatment and Service Alternatives. SDS uses your PHI to contact you about treatment and services alternatives that may be of interest or benefit to you.

Public Information and Communications. SDS will not use or disclose PHI about you for the purposes of public information without written authorization.

Fundraising. SDS will not use or disclose PHI about you in order to promote public awareness, support and funding without written authorization.

Disclosures to Family and Others. With written authorization, SDS will disclose PHI about you to parents, family members, relatives or any other person identified by you. The information disclosed will be relevant to that person's involvement with you. The information disclosed will be relevant to that person's involvement with the services and supports you receive or payment for those services and supports.



Other Uses and Disclosures. Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying your Case Manager in writing of your desire to withdraw the authorization.

YOUR RIGHTS RELATED TO YOUR PROTECTED HEALTH INFORMATION

Right to Request Restrictions. You have the right to ask SDS to limit how we use and disclose your PHI, for treatment, payment, or health care operations as long as you are not asking SDS to limit uses and disclosures that SDS is required or authorized to make, or to place limits on any of the disclosures described above. Requests for restrictions must be submitted in writing to the Privacy Officer at SDS. SDS is not required to agree with your request. If SDS agrees, we will acknowledge the request in writing and abide by the agreement except when you require emergency treatment.

Right to Choose How We Communicate With You. You have the right to ask that SDS send information to you at a specific address, (at work rather than at home) or in a specific manner (regular mail, or never by telephone). SDS will agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to the Privacy Officer.

Right to See and Obtain a Copy of your Protected Health Information. Except for limited circumstances, you may look at and copy your PHI. Your Case Manager will assist you in this process. If you ask SDS to copy your PHI, we will charge you \$.10 for each page.

Right to Amend or Update your Protected Health Information. If you believe the PHI that SDS has about you is complete or incorrect, you may ask SDS to amend it. Any such request must be made in writing addressed to the Privacy Officer. You must tell SDS why you think the amendment is appropriate. SDS will act on your request with 60 days and will inform you in writing as to whether the amendment will be made or denied. If we agree to the amendment, SDS will ask you who needs to be notified of the amendment. SDS will deny your request if you ask to amend information that (a) was not created by SDS, (b) is not part of the PHI that SDS keeps about you, (c) is not part of the PHI you are allowed to see and copy, or (d) is determined by SDS to be accurate and complete. If SDS denies the requested amendment, SDS will notify you in writing and include information on how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

Right to An Accounting of Disclosures. You have the right to receive an accounting of disclosures of PHI about you. The accounting may be up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003. Certain types of disclosures are *not* included in such an accounting:

- a. Disclosures to carry out treatment are not included in such an accounting.
- b. Disclosures of your health information made to you.
- c. Disclosures you have authorized.



Southeastern Developmental Services

- d. Disclosures for disaster relief purposes.
- e. Disclosures for national security or intelligence purposes.
- f. Disclosures to correctional institutions or law enforcement officials.
- g. Disclosures made prior to April 14, 2003.

To request any accounting of disclosures, you must submit your request in writing to the Privacy Officer at SDS. Your request must state a time period for the disclosures. SDS will act upon your request within 60 days.

Right to a Copy of SDS Notice of Privacy Practices. You have a right to obtain a paper copy of the SDS Notice of Privacy Practices. You may request a copy of our Privacy Practices at any time by contacting the Privacy Officer at SDS.