*H.A.L.O. Educational Systems, LLC.*

Canaan, New Hampshire 03741

Lebanon, NH 03766

Phone : (603) 523-8804  Fax: (603) 523-8804

# Notice of Privacy Practices

**What is this notice?**

This notice was prepared to provide you with an understandable explanation about how we may "use" and "disclose" your "protected health information." Health information is an indispensable part of healthcare treatment, payment and operations; without access to health information, the healthcare system can not function. A Federal Law called the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct (HIPAA), or the Privacy Rule, was created to support your privacy and rights surrounding your health information.

We understand that health information about you is very personal. H.A.L.O. is committed to insuring the privacy and confidentiality of your personally identifiable health information. All employees and volunteers must sign a confidentiality agreement when hired.

An informed client is an important ally for us in meeting these goals. We hope you will take the time to read our notice and to call us if you have any questions.

**Some useful definitions**

Protected Health Information ("PHI") - Any information, created by us in any form that identifies and is related to the past, present, or future: 1) Physical or mental health of the individual;

1. Provision of health care to the individual; or
2. Payment for health care provided to the individual.

If all personal identifiers have been removed from the information, it is considered "de-identified health information" and may be used more freely than protected health information.

"Uses" and "Disclosures" - We use these terms as they are defined in the Privacy Rule. We "use" your protected health information when we examine, review, analyze, or share it within H.A.L.O., LLC. We "disclose" your protected health information when we release, transfer, provide access to, or share it in any other way with any other organization or individual, for example to a state agency or to a referring provider.

**How do we use and disclose your protected health information?**

The Privacy Rule permits us to use and disclose your "protected health information" (PHI) for treatment, payment, and healthcare operations. Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, require that we ask for your written consent to disclose your

“protected health information.” The following describes in general how we may use or disclose your health information for treatment, payment, and health care operations:

**Treatment:** We may use or disclose your health information to provide and coordinate your treatment.

H.A.L.O. may use or disclose your health information among members of your treatment team or other personnel within H.A.L.O.. If healthcare providers outside of H.A.L.O. request your health information, we will ask you for your written consent before sharing the information.

**Payment:** We may use and disclose health information about you so that the services you received from us may be billed for and payment collected.

Health Care Operations: We may use and disclose health information about you within H.A.L.O. to make sure that you receive quality care. For example, we may use health information to review our services, to evaluate the performance of our staff, or to review your records if you file a complaint.

**What other ways may we use and disclose your health information?**

*Public Health Information* (these are required by law): We may use or disclose your health information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. For example, health information may be used or disclosed for an Involuntary Emergency Admission or to report abuse or neglect of minors, elders, or dependent adults.

*Health Oversight Activities:* We may disclose health information to a health oversight agency for them to make sure we are following the law. (Audits, inspections, investigations, or licensure)

*Emergency Situations*: If an emergency happens to you, we may need to release your health information, without your consent, to medical personnel so they can treat you.

*As Required by Law:* We may disclose health information about you in situations not already mentioned when required to do so by federal, state, or local law.

*Research:* We may disclose your health information to researchers when you have agreed to participate in a study.

*Law Enforcement Activities*: We may disclose health information to a law enforcement official for law enforcement purposes when the information is needed to identify or locate a suspect, fugitive, material witness, or missing person; to report a death that may be the result of criminal conduct; to report criminal conduct occurring on our premises; if we receive a court order or subpoena to produce your health information; if a medical examiner requests your health information; or to the State or District Attorney’s Office if you are the victim of a crime. Such releases of information will only be made after reasonable efforts to contact you for your authorization. If we cannot contact you, we will obtain legal advice, but we may be required to release your records.

**What are your privacy rights?**

The Federal Privacy Rule gives you several new rights with respect to your protected health information (in addition to those rights you already have under state law). Beginning April 14, 2003, you have the following rights to your health information:

* **Right to a Paper Copy of this Notice:** You have the right to receive written notice of our privacy practices (That's this document.) If you have received this notice electronically, you have the right to a paper copy if you want it.
* **Right to Request Restrictions:** You have the right to ask for further restrictions on the ways in which we use and disclose your protected health information. We are not required to agree to a requested restriction. We will not agree to any request unless we feel that we can fully meet our commitment.
* **Right to Request Confidential Communications:** You have the right to ask that we communicate with you in a certain manner or at a certain location. We will make efforts to accommodate reasonable requests. You must make this request in writing.
* **Right to Inspect and to Copy:** You have the right to see and get a copy of your treatment record or any other protected health information that we keep in a regular paper or electronic file. We may charge you a reasonable fee for copies, consistent with state law. You must make this request in writing. We may ask for a verification of identity as you make these requests. (Note: There are a few situations specified in the Privacy Rule where this right does not apply.)
* **Right to Request an Amendment:** You have the right to ask for an amendment of your protected health information. Entries are not deleted from medical records because of legal requirements but may be corrected or amended by the author of the entry. You may request an amendment of your treatment record or other protected health information that we keep in a regular file. You must make this request in writing. If the information is accurate and complete as determined by the author of the entry, we will decline the request for amendment but will include your request and statement of disagreement in your file.
* **Right to Request a List of How We Shared Your Health Information:** You have the right to receive a written accounting of the disclosures we have made of your protected health information. This accounting does not include disclosures for treatment, payment or healthcare operations, disclosures authorized by you, and certain other exceptions. You must make this request in writing.
* **Right to Designate a “Personal Representative:”** You have the right to designate a "Personal Representative" to help you exercise your rights concerning your protected health information. This personal representative must be designated in writing, and must show this designation any time he or she wishes to exercise the rights attached to it. New Hampshire and Vermont State laws apply to the rights and responsibilities of personal representatives.

**Our duties to you**

We are required by law to maintain the privacy of your personal health information, and to give you notice of our legal duties and privacy practices with respect to your protected health information.

We are required to abide by the terms of our Privacy Notice currently in effect.

We reserve the right to change our privacy practices (that is, to change the ways in which we use or share your protected health information as described in the Notice), so long as the new practices are permitted by the Federal Privacy Rule or other applicable law, and are described in a revised Notice of our privacy practices.

We further reserve the right to make any such revised Notice provisions effective for all protected health information we maintain, including information created or received before the effective date of the revised Notice.

Revised Notices will be posted in service locations, and will be available on request from H.A.L.O..

**Questions or Complaints?**

If you have a question or believe your privacy rights have been violated, you may request clarification or file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. H.A.L.O. can also assist you with your complaint, if you request such assistance.

|  |  |
| --- | --- |
| H.A.L.O.  Canaan, NH 03741  Phone: (603) 359-3321          Secretary, Dept. of HHS | U.S. Department of Health and  Human Services  Office of Civil Rights  200 Independence Avenue, S.W.  Rm. 515 F HHH Bldg.  Washington, D.C. 20201  Phone: (202) 619-0257  Toll-Free: 1-877-696-6775 |

All complaints must be submitted in writing. We will respond to all properly filed complaints. You will not be adversely affected or discriminated against in any way for filing any such complaint.