



Notice of Privacy Practices

This notice describes how health care information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

If you have any questions about this notice, please contact our Privacy Officer at (802) 658-0040

WHO WILL FOLLOW THIS NOTICE

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your health record.

All divisions and programs of NFI Vermont.

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- Any volunteer we allow to help you while you are receiving services from NFI Vermont.
- All employees, staff, consultants and other personnel.
- All NFI Vermont entities, sites and locations follow the terms of this notice. Staff members at these entities, sites and locations may share health information with each other for treatment, payment or operations purposes as described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting your privacy and health information about you while providing health related services.

We create a record of the care and services you receive at NFI Vermont. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by NFI Vermont, whether made by NFI Vermont personnel or your personal doctor(s) and other members of your health team. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Protect the privacy of health information that may reveal your identity
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.
- Notify you following a breach of unsecured protected health information that may have compromised the privacy or security of your health information; and
- Comply with any state law that is more stringent or provides you greater rights than this notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

- **For Treatment.** We may use health information about you to provide you with treatment or services. We may disclose information about you to psychiatrists, psychologists, registered nurse practitioners, clinicians, case managers, interns, other NFI Vermont personnel, or to providers outside of NFI Vermont who are involved in providing services to you, such as your PCP, dentist, etc. For example, a clinician might be treating you for a mental health problem and need to talk with one of our psychiatrists or another clinician who has specialized training in a particular area of care. We may also disclose information about you to people outside NFI Vermont who are involved in your health care.

- Electronic Exchange of Your Health Information- In some circumstances, we may transfer health information about you electronically to other health care providers who are providing you treatment or to the insurance plan providing payment for your treatment. Your health information may also be made available through the Vermont Health Information Exchange (“VHIE”). The VHIE is a state-designated health information network operated by Vermont Information Technology Leaders, Inc. (“VITL”). Authorized health care providers may access your health information through the VHIE, unless you have chosen to opt out of the VHIE and you are not in need of emergency treatment. For information about the VHIE, see www.vitl.net.
- For Payment. We may use and disclose health information about you so that the treatment and services you receive at NFI Vermont may be approved by, billed to, and payment collected from a third party such as an insurance company or developmental services funding committee. For example, we may need to give your health plan information about counseling you received at NFI Vermont so your health plan will pay us or reimburse you for a counseling session. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the service/treatment.
We may also use and disclose health information about you to the person(s) responsible for payment of your services.
- For Health Care Operations. We may use and disclose health information about you for NFI Vermont operations. These uses and disclosures are necessary to run NFI Vermont and make sure that all individuals receiving services from us receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in serving you. We may also combine health information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, clinicians, case managers, interns and other NFI Vermont personnel for review and learning purposes.
- We may also combine the health information we have with health information from other mental health agencies to compare how we are doing and see where we can make improvements in the services we offer. In those cases, we will de-identify as possible so that others may use it to study health care and health care delivery without learning who the specific clients are. To facilitate this review, we provide information to a data repository (operated under a **Business Associate Agreement** with Vermont Care Network) to protect the confidentiality of the information.
- NFI Vermont is a provider organization that contracts with the State of Vermont to be responsible to provide community mental health services- specializing in children and families. As a Vermont Specialized Service Mental Health, NFI Vermont is obligated under our contracts with various departments within the Vermont NFI Vermont of Human Services (“AHS”) to provide such services. As a result, these Departments may access health information related to these contracted services for the purpose of obtaining treatment for clients, making payment or for its health care operations. Additionally, we may provide health information to AHS information for non-state funded clients pursuant to an agreement limiting its use to an extract of demographic, non-health care information for AHS health care operations and health oversight purposes.
- Business Associates. *We may disclose your health information to contractors, agents, and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, a billing company that helps us to obtain payment from your insurance company, an accounting firm or law firm that provides professional advice to us. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.*
- Use of Artificial Intelligence. *Our program may use artificial intelligence (AI) technology to help analyze and manage your health information to improve your care and program operations. When AI tools access your health information, we ensure they only access what is necessary for the task at hand, and that all privacy and security protections required by law are followed. AI may help us detect patterns, improve clinical decision making, and assist with administrative tasks. However, AI does not replace the judgement or decision making of your healthcare provider. All final decisions are made by your provider based on their professional expertise.*

The use of AI is strictly controlled, and our information remains confidential in accordance with HIPAA and other applicable laws.

If you have questions about how AI is used in your care, or about how it impacts your privacy, please contact the Privacy/Security Officer.

- **Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment.
- **Friends & Family Designated to be involved in Your Care.** If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death.
- **Alternative Treatment and Benefits and Services.** We may use and disclose information about you to obtain and recommend to you other treatment options and available services as well as other health-related benefits or services.
- **Use and Disclosures where Special Protections May Apply.** *HIV/AIDS related information, alcohol and substance use disorder treatment information, mental health treatment information, sexually transmitted disease information, family planning and genetic testing information, are considered sensitive under state or federal laws. Therefore, some parts of this general notice may not apply and state or federal laws are followed. Speak with your program/ provider if you have any questions or concerns regarding the privacy/confidentiality of this type of information.*

If applicable, you have the right to authorize our agency to use and disclose substance use disorder treatment records (generated by a 42 CFR Part 2 provider/facility) for purposes of your treatment, payment, and healthcare operations, consistent with HIPAA. Once you give this consent, these records may be shared with your treating providers, health plans, third party payers, and those helping to operate the program, and may be disclosed further as permitted by HIPAA rules.

If you give us permission to share your substance use disorder treatment records with a third party, they do not have to keep them separate from your other health information and therefore may be integrated into your regular health record.

Your substance use disorder treatment records cannot be used or disclosed in legal proceedings against you without your written consent or a specific court order. You may revoke your consent at any time in writing, but this will not apply to disclosures already made in reliance on your consent.

- **Fundraising Activities.** Should the need arise where information about you or where your participation is desired for fundraising activities, NFI Vermont would obtain your authorization. No information would be released for this purpose without your written authorization. For example, if NFI Vermont was creating a fundraising brochure and picture of or comments from persons served were desired, NFI Vermont would inquire whether or not you would be willing to participate. Participation would be voluntary and if you agreed, you would be asked to give us written authorization for this specific purpose.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with consumer's need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific health needs, so long as the health information they review does not leave NFI Vermont. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at NFI Vermont.

As Required by Law. *We may use or disclose your health information if you need emergency treatment or if we are required by federal, state or local law to treat you. In Vermont, this would include victims of child abuse; the abuse,*

neglect or exploitation of vulnerable adults; or where a child under the age of sixteen is a victim of a crime; and firearm-related injuries. Under certain circumstances, the Departments within Vermont Human Services who we contract with are mandated to access health information in order to carry out their responsibilities. We are required to disclose your health information to you and to anyone you request by written authorization to receive it.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **National Security and Intelligence Activities or Protective Services.** *We may be required by law to disclose your health information to authorized federal officials who are conducting national security and intelligence activities.*

SPECIAL SITUATIONS

- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities.
- **Workers' Compensation.** We may release health information about you as authorized for workers' compensation or similar programs as authorized by Vermont law. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report deaths;
 - To report child abuse or neglect;
 - To report abuse, neglect or exploitation of vulnerable adults; any suspicion of abuse, neglect, or exploitation of the elderly (age 60 or older), or a disabled adult with a diagnosed physical or mental impairment, must be reported;
 - To report reactions to medications or problems with products;
 - To notify individuals of recalls of products they may be using;
 - To notify an individual who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition
- **Health Oversight Activities.** We may disclose health information to a health oversight agency (such as the Vermont Agency for Human Services Departments of Mental Health) who we contract with for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose health information about you without your permission to the Secretary of the U.S. Department of Health and Human Services and/or Office of Civil Rights when they are conducting a compliance review, investigation or enforcement action or for a mandatory report of a health information breach.
- **Law Enforcement.** We may disclose your health information to law enforcement officials as required by law or to comply with a court order or search warrant. We may also disclose limited information to law enforcement officials to:
 - report a crime committed on our premises
 - for identifying a missing person (*including an escape from lawful custody*)
 - for identifying a suspect, to assist in a criminal investigation.
- **Legal Proceedings and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. *We may also disclose your information in response to:*
 - *a subpoena,*
 - *discovery request,*
 - *other lawful request by someone involved in the (lawsuit or) dispute (only if required judicial approval or necessary authorization is obtained).*

In certain legal proceedings, there are specific procedures that we are required to follow before substance abuse disorder treatment records (generated from a 42 CFR Part 2 provider/facility) may be re-disclosed.

- **Public Health Officials and Funeral Home Directors.** In the event of your death, we may release information to a coroner or medical examiner. This may be necessary, for example, to identify deceased person or determine the cause of death. We may also release health information to funeral directors thereby permitting them to carry out their duties.
- **Organ and Tissue Donation** *We may disclose your health information regarding organ and tissue donation status so that related organizations may investigate whether donation or transplantation is possible under applicable laws.*
- **Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official:
 - (1) for the institution to provide you with health care;
 - (2) to protect your health and safety or the health and safety of others; or
 - (3) for the safety and security of the correctional institution, and *others when transporting inmates.*
- **Reproductive & Gender Affirming Health Care.** Health records related to reproductive and gender affirming health care are protected by state confidentiality and shield law provisions.

“Reproductive health care services” means all supplies, care and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic diagnostic, preventative, rehabilitative, or supportive nature, including medication, relating to pregnancy, contraception, assisted reproduction, pregnancy loss management, or the termination of a pregnancy.”

Gender-affirming health care services” means all services means all supplies, care and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic diagnostic, preventative, rehabilitative, or supportive nature, including medication, relating to treatment of gender dysphoria and gender incongruence.

We will not disclose such records for use in any civil, criminal, probate, administrative, or legislative proceeding, nor in response to requests from out-of-state entities-including subpoenas or court orders- unless the disclosure is (1) authorized by you; (2) required by Vermont or federal law; or (3) compelled by a Vermont court order that includes a finding of good cause. Before records may be disclosed under a court order, the court must expressly find on the evidentiary record that good cause exists and specify the records to be disclosed. The only other exceptions being disclosure to Vermont’s Board of Medical Practice of Office of Professional Regulation in connection with bona fide investigations and disclosures to The Vermont Department of Health or the Vermont Department of Disabilities Aging and Independent Living in connection with a bona fide investigation of a Vermont license health care facility.

USES OF HEALTH INFORMATION REQUIRING WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice **or the laws that apply to us** will be made only with your written permission. Examples of this may include substance use disorder treatment information generated from a 42 CFR Part 2 provider/facility), disclosures to lawyers (except the agency’s own lawyers), employers, the Vermont Office of Disability Determination Services or others who you know, but who are not involved in your care.

Additionally, uses and disclosures of protected health information for fundraising activities, marketing purposes, and disclosures that constitute a sale of protected health information require authorization. Also, psychotherapy notes maintained by a treating provider can only be disclosed with your written authorization.

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

You understand that protected health information that is disclosed may be re-disclosed in a way that is no longer protected by HIPAA.

Community Health Teams (CHT). These teams were created under the Vermont Blueprint for Health and are designed to create alliances between healthcare providers, local and state agencies and community support organizations who are committed to improving quality of life through coordination of services. These services may be financial, physical, emotional or educational in nature. Your treating health care providers may only share your health information with a CHT if you have provided specific written consent for sharing.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU.

Any assistance (physical, communicative, etc.) you need in order to exercise your rights will be provided to you by NFI Vermont.

You have the following rights regarding information we maintain about you:

- **Right to Review and Copy.** You have the right to review and copy health information that may be used to make decisions about your care. This may include both health and billing records. We must respond to your request without unnecessary delay as required by law. We are committed to responding to your request for access to your health information as soon as possible and without unnecessary delay. Under HIPAA, we are required to provide access to your records within 30 days of your request. If your records are not readily available, we may extend this timeframe by up to 30 more days but will notify you in writing of the reason that delay our response. You may also request that we send your records to another person or entity of your choosing.

To review and obtain a copy health information, you must submit your request by contacting, or in writing to **NFI Vermont 30 Airport Rd, S. Burlington, VT. 05403 / (802) 658-0040 / nfivermontcontact@nafi.com**. If you request a copy of the information, we may charge a reasonable cost-based fee for the costs of copying, mailing, or other supplies associated with your request. If you seek an electronic copy in a specific form or format of any portion of your health record, and the NFI Vermont is unable to readily produce the copy in that form or format, we will work with you to provide an alternative form or format for the electronic copy.

There are limited instances when we may deny your request to inspect or obtain a copy of your health information.

- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for NFI Vermont.

To request an amendment, your request must be made in writing and submitted to the author or health information department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support that request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the designated record set kept by or for NFI Vermont;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Was determined accurate or complete by NFI Vermont.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you, which were required by law and/or were not authorized by you. The list of disclosures will not include disclosures made for the purposes of treatment, payment for treatment services or health care operations related to the treatment services.

To request this list or accounting of disclosures, you must submit your request in writing to NFI Vermont’s Privacy Officer. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you for the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. When not prohibited by other NFI Vermont policies, program criteria, or state law, you may also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care. For example, if you pay for a healthcare item or service out of pocket in full, you could ask that we not use or disclose information about the service to your health plan.

We are not required to agree to your request unless your request is to limit disclosures to a health plan for the purpose of carrying out payment or health care operations that are not otherwise required by law and you or someone on your behalf other than your health plan has paid for those services in full at the time the health services are provided. However, if we do agree with a requested restriction or limitation, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to NFI Vermont's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to NFI Vermont's Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Receive Notification of a Breach.** *You have the right to be notified if there is a probable compromise of your unsecured protected health information within 60 days of the discovery of the breach. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you could take to further protect yourself from potential harm, a brief description of the investigations into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.*
- **Right to have Someone Act On Your Behalf.** *You have the right to name a personal representative who may act on your behalf. Parents and guardians will generally have the rights to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.*
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask the program (or Privacy Officer) to give you a copy of the current notice at any time. *You may also view the Notice of Privacy Practices on our website.*

Security of Health Information.

We have in place appropriate safeguards to protect and secure the confidentiality of your health information. Due to the nature of community based human service practices, NFI Vermont representatives may possess individually identifiable information beyond the physical security of NFI Vermont. In these cases, NFI Vermont representatives will ensure the security and confidentiality of the information in a manner that meets NFI Vermont policy, State and Federal Law.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all NFI Vermont facilities. The NFI Vermont may provide a copy to you upon request and it is available to view on our website. The notice will contain the effective date.

COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with NFI Vermont or with the Secretary of the Department of Health and Human Services. To file a complaint with NFI Vermont, contact: NFI Vermont's Privacy Officer at (802) 658-0040 **Or** Submit your complaint to nfivermontcontact@nafi.com

You will not be penalized for filing a complaint.

The Secretary of the Department of Health and Human Services can be contacted through their regional office at Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, Massachusetts 02203, voice phone (800) 368-1019, fax (202) 619-3818, TDD (800) 537-7697, or email ocrmail@hhs.gov.

NFI HIPAA form. Effective Date 1/1/26