



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 NFI Vermont Privacy Officer.

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.
- Any volunteer we allow to help you while you are receiving services from NFI Vermont.
- All employees, staff, consultants and other personnel.
- All Agency 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 and your health is personal. We are committed to protecting your privacy and health information about you.

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 Agency 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:

- Make sure that health information that identifies you is kept private;
- 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 doctors, nurses, clinicians, case managers, interns, or other Agency personnel who are involved in providing services to you. 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 instances, 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”). Your treating 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.

- **For Health Care Operations.** We may use and disclose health information about you for Agency 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 consumers 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 Agency 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. We will remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific consumers are. To facilitate this review, we provide information to a data repository (operated under a Business Associate Agreement with Vermont Care Network) to protect its confidentiality.

- NFI Vermont is a Vermont Specialized Service Mental Health Agency and is obligated under our contracts with various departments within the Vermont Agency of Human Services (“AHS”) to provide certain 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 de-identified demographic and non-health information of all clients for AHS health care operations and health oversight purposes.

- **Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment.

- **Alternative Treatment and Benefits and Services.** We may use and disclose information about you in order to obtain and recommend to you other treatment options and available services as well as other health-related benefits or services.
- **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 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 consumers 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 consumers 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 will disclose health care information about you when required to do so by federal, state or local law. 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 the Vermont Agency of 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.

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 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 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.
- **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.
- **Public Health Officials and Funeral Home Directors.** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a 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 status may be released.
- **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. This release would be necessary (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.

OTHER USES OF HEALTH INFORMATION

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 disclosures to lawyers, employers, the Vermont Office of Disability Determination Services or others who you know, but who are not involved in your care. 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.

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.

To review and copy health information that may be used to make decisions about you, you must submit your request by contacting, or in writing to **NFI Vermont's Privacy Officer (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 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 agency 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.

We may deny or limit access to your request to inspect and copy in certain very limited circumstances. If you are denied or limited access to health information, the agency will provide you with a written reason for denial. If it is infeasible to fulfill your request for electronic health information, the agency will provide written notice within ten (10) business days. Should you be denied or provided only limited access to your health information, because it was determined that permitting access might endanger or substantially harm you or another person, you may request that the decision be reviewed. Another health care professional chosen by NFI Vermont will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Access to Your Electronic Health Information. The agency will comply with its health information policies and procedures and all applicable laws to enable access, exchange, or use of electronic health information (EHI). The CURES Act Information Blocking Rule prohibits actors-including the agency- from engaging in practices that are likely to interfere with the access, exchange, or use of EHI, unless required by law or covered by an exception. The Rule does not require the agency to disclose EHI if doing so would violate state or federal law (e.g. HIPAA) or an exception to the Information Blocking Rule.

- **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 and may not include dates before April 14, 2003. 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 agency 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.

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 a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of the current notice at any time.

To obtain a paper copy of this notice, contact the program manager or NFI Vermont Privacy Officer.

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, Agency representatives may possess individually identifiable information beyond the physical security of

NFI Vermont. In these cases, Agency representatives will ensure the security and confidentiality of the information in a manner that meets Agency policy, State and Federal Law.

Specific requirements for electronic notice: A covered entity that maintains a web site that provides information about the covered entity's customer services or benefits must prominently post its notice on the web site and make the notice available electronically through the web site.

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. If we should make any material changes to this notice, we will, prior to the change taking effect, announce the updated version to the Agency facilities and post a copy of the current notice in all Agency facilities. The agency may provide a copy to you upon request and it is available to view on our website. The notice will contain on each page, in the top right-hand corner, the effective date.

COMPLAINTS

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**

All complaints must be submitted in writing. Complaint forms are available at each location including the reception area at NFI Vermont's main office. 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 (617) 565-1340, fax (617) 565-3809, TDD (617) 565-1343.