



Empowerment Counseling Center of Rhode Island

Privacy Practice

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.

Empowerment Counseling Center of Rhode Island is dedicated to ensuring the privacy of your protected health information (PHI). PHI is individually identifiable information about your past, present or future health or condition, the delivery of your health care, or payment for your health care. This notice explains how we keep your personal information private and when we may disclose your PHI.

I. How Empowerment Counseling Center of Rhode Island may use or disclose your PHI without your authorization.

- For Treatment:** Empowerment Counseling Center of Rhode Island may use your PHI for the purposes of medical treatment, medical information or medical services. For example, information obtained by a health care provider may be recorded that is related to your treatment. This information is necessary for the health plan to provide case management and determine appropriate treatment and alternatives.
- For Payment:** Empowerment Counseling Center of Rhode Island may use and share your PHI with others for purposes of making payment for treatment and services that you have received. For example, a claim form that is sent to your insurance company by a treatment provider (e.g. clinician, hospital) that contains information that identifies you, your diagnosis and the treatment plan will be used to determine the payment owed to that provider.
- For Health Care Operations:** Empowerment Counseling Center of Rhode Island may use and share your PHI for operational purposes. For example, our medical and quality improvement staff may use your PHI to assess the quality of care and outcomes in your case and those that are similar.
- Appointment:** Empowerment Counseling Center of Rhode Island may use your PHI to provide appointment reminders, information about treatment alternatives and other health-related benefits.
- Health and Safety:** Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person in keeping with the applicable law.
- Persons Involved in Your Care:** Empowerment Counseling Center of Rhode Island may disclose your PHI to persons involved in your care, such as a family member, friend or personal representative (someone with legal authority to act on your behalf), in an emergency, when you are incapacitated or when permitted by law.
- Public Health:** Empowerment Counseling Center of Rhode Island may use and share your PHI with public health authorities to prevent or control disease, injury or disability or for other health oversight activities.



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Required by Law: Empowerment Counseling Center of Rhode Island may use and share your PHI as required by law. For example, Empowerment Counseling Center may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties; and
- To the US Department of Health and Human Services for the purposes of determining whether Empowerment Counseling Center of Rhode Island is in compliance with federal privacy laws.

Workers Compensation: Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers Compensation. If use or disclosures described above are prohibited or materially limited by other laws, disclosure must reflect the more stringent law.

II. Uses and disclosures requiring your authorization.

Generally, all uses and disclosures other than those listed above will be made only with your written authorization. You may revoke your authorization by submitting a written notice to your Privacy Officer at the address listed below. Your revocation will be effective as of the date of receipt of our written notice.

III. How Empowerment Counseling Center protects your PHI.

We only allow access to information to those people who need to see it to do their work for us. We require that anyone who needs to see personal information sign a confidentiality agreement. We have physical, electronic and procedural security systems in place to keep your personal information safe.

IV. Your health information rights.

You have the right to:

- Request a restriction of certain uses and disclosures of your information. Please specify the restriction requested and to whom you want the restriction to apply. Empowerment Counseling Center is not required to agree to the requested restriction;
- Obtain a paper copy of this Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health record as long as we maintain it;
- Amend your health record, depending upon the circumstances;
- Request communications of your PHI by alternative means or at alternative locations;
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken;
- Receive an accounting of disclosures made of your PHI not related to payment, treatment or operations.



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V. Obligations of Empowerment Counseling Center.

Empowerment Counseling Center is required to:

- Maintain the privacy of your PHI;
- Provide you with this notice and its legal duties and privacy practices with respect to your PHI;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests to communicate PHI by alternative means or to alternative locations;
- Obtain your written authorization to use or disclose your PHI for reasons other than those listed above and permitted under law.

Empowerment Counseling Center of Rhode Island reserves the right to change its information practices and to make the new provisions effective for all protected PHI it maintains. Revised notices will be made available to individuals covered by within 60 days of a material revision.

VI. Complaints or Questions.

If you believe your privacy rights have been violated, you may file a complaint with Empowerment Counseling Center by writing to:

Empowerment Counseling Center of Rhode Island
371 Broadway
Providence, RI 02909

You also have the right to contact the Secretary of the United States Department of Health and Human Services with your complaint. You will not be retaliated against for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY & PRACTICES

I, _____, have received a copy of the
Empowerment Counseling Center's Notice of Privacy Practices.

Signature of Patient or Responsible Party/Date

Witness/Date