

# EASTERSEALS SOUTHERN CALIFORNIA NOTICE OF PRIVACY PRACTICES

Effective June, 2024

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This Notice of Privacy Practices (“NPP”) describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this NPP
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Market our services and sell your information
- Raise funds

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Address workers’ compensation, law enforcement, and other government requests
- Respond to legal actions

## Your Rights

**When it comes to your health information, you have certain rights.**

- This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee for providing such information.

**Ask us to correct your medical record**

- You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within sixty (60) days.

**Request confidential communications**

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

**Ask us to limit what we use or share**

- You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a health care service or item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

- You may ask for a list (an “accounting”) of the times we’ve shared your health information for six (6) years prior to the date you ask, including who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year at no charge to you, but we will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

**Get a copy of this NPP**

- You may ask for a paper copy of this NPP at any time, even if you have agreed to receive the NPP electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney, and/or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You may complain if you feel we have violated your rights by contacting us using the information at the bottom of this NPP.
- You may file a complaint with the U.S. Department of Health and Human Services’ Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling (877) 696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.**

- If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these instances, you have both the right and the choice to tell us to share information with your family, close friends, or others involved in your care. ***If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.***

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Please note that we do not create or maintain psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### 1. Treat you

- We can use your health information and share it with other health care professionals who are treating you.
- *Example: A physician treating you for an injury asks another physician about your overall health condition.*

#### 2. Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- *Example: We use health information about you to manage your treatment and services.*

#### 3. Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually, in ways that contribute to the public good, such as public health and research. We are required to meet many conditions under the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for purposes of health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services ("HHS") including if HHS wants to see that we are complying with federal privacy laws.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this NPP and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this NPP**

We may change the terms of this NPP, and the changes will apply to all information we have about you. The new NPP will be available upon request, in our office, and on our website.

## Contact Us

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Privacy Officer  
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