



THE CORLISS INSTITUTE, INC. NOTICE OF PRIVACY PRACTICES

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.

The Corliss Institute, Inc. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

A. Our Duty to Safeguard Your Protected Health Information (PHI)

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (hereafter, PHI). As part of our normal business operations, we encounter your PHI as a result of your treatment, our payment and other related health care operations. We also receive your PHI via the application and enrollment process, from healthcare providers and health plans, and by a variety of other activities. Accordingly, we are required to extend certain protections to you and your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use and/or disclose your PHI. Except in specific circumstances, we are required to use and/or disclose your PHI. Except in circumstances specified by the Health Insurance Portability and Accountability Act (hereafter, HIPAA), we are required to use, and/or disclose only that minimum amount of your PHI necessary to accomplish the purpose of our use and/or disclosure.

We are required to follow the privacy practices described in this Notice, although we reserve the right to change our privacy practices and the terms of this Notice at any time. We expect to post this notice, and any subsequent changes to it, to our Website at www.corliss.org. You may also request a written copy of our Notice by writing our Privacy Contact Office.

B. Disclosure of Your Health Care Information

We may use and/or disclose your PHI for a variety of reasons. Generally, we are permitted to use and/or disclose your PHI for the purposes of your treatment, the payment for services you receive, and for our normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed Authorization form. However, the HIPAA Privacy Rule provides that we are permitted to make certain other specified uses and/or disclosures of your PHI without your authorization. The following discussion offers descriptive examples of our potential use and/or disclosure of your PHI:

1. Uses and/or disclosure related to your treatment, the payment for services you receive, or our health care operations (hereafter, TPO):

For Treatment (T):

We may use and/or disclose your PHI to doctors, nurses, and other healthcare professionals involved in providing health services to you:



For example, your PHI may be shared with your primary care physician, medical specialists to whom you are referred, members of your treatment team, your pharmacist, your dentist, and other similarly situated health care personnel involved in your treatment.

It is also our policy to provide a substitute health care provider, authorized by The Corliss Institute, Inc. to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.

For Payment (P):

We may use and/or disclose your PHI for billing and collection activities and related data processing; for actions by a health plan or an insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and the provision of benefits under its health plan or insurance agreement; to make determinations of eligibility or coverage, adjudication or the subrogation of health benefit claims; for medical necessity and appropriateness of care reviews, utilization review activities; and related payment activities so that individuals involved in delivering health care services to you may be properly compensated for the services they have provided.

As a courtesy to our member clients, we will submit an itemized billing statement to your insurance carrier (in most cases, the State of Rhode Island Division of Developmental Disabilities) for the purpose of payment to The Corliss Institute, Inc. for health care services rendered. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.

For Health Care Operations (O):

We may use and/or disclose your PHI in the course of operating the various business functions of the Rhode Island Department of Human Services, Division of Developmental Disabilities (hereafter, DHS/DDD) programs:

For example, we may use your PHI to evaluate the quality of medical services provided to you; to develop clinical guidelines; to contact you with information about treatment alternatives or communications in connections with your case management or care coordination; to review the qualifications and training of health care professionals; for medical review, legal services and auditing functions; and for general administrative activities such as customer service and data analysis.

2. Uses and/or disclosures requiring your Authorization:

Generally, our use and and/or disclosure of your PHI for any purposes that falls outside of the definitions of TPO as identified above will require you to complete and sign an Authorization Form. The Rule does grant us permission for certain specified uses and/or disclosures of your PHI that fall outside of the definitions of TPO. These uses and/or disclosures are itemized below. However, for all other uses and/or disclosures of your PHI by any other person or entity, you retain the power to grant your permission via a Authorization Form that you sign. Additionally, if you do grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at



any time, except to the extent that we have already undertaken an action in reliance upon your Authorization

For example, if you have authorized us to fax your information to someone, and the fax has already been sent, you can only revoke it fully before it is actually sent.

3. Uses and/or disclosures NOT requiring your Authorization:

The HIPAA Privacy Rule provides that we may use and/or disclose your PHI without your authorization in the following circumstances:

When required by law:

We may use and/or disclose your PHI when existing law requires that we report information including each of the following areas:

Reporting Abuse, Neglect, or Domestic Violence:

We may use and/or disclose the PHI of suspected victims of abuse, neglect, or domestic violence including reporting the information to social service or protective services agencies;

Public Health Activities:

We may use and/or disclose your PHI to public health authorities for purposes related to: preventing or controlling the spread of disease, injury or disability; reporting adverse events with respect to food, dietary supplements, product defects and other related problems to the Food and Drug Administration; medical surveillance of the workplace; or to evaluate whether you have a work-related illness or injury.

Health Oversight Activities:

We may use and/or disclose your PHI to designated activities and functions, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefits programs.

Judicial and Administrative Proceedings.

We may use and/or disclose your PHI in the course of any administrative or judicial proceeding.

Law Enforcement Activities:

We may use and/or disclose your PHI to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons:

We may use and/or disclose the PHI of an individual's death to coroners, medical examiners, or funeral directors.

Organ Donation.

We may use and/or disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.



For Research Purposes:

Under the strict supervision of an Institutional Review Board, we may use and/or disclose your PHI to researchers conducting medical or psychiatric research.

To Avert a Serious Threat to Public Health or Public Safety:

It may be necessary to use and/or disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

For Specific Government Functions:

We may use and/or disclose your PHI for military, national security, prisoner and government benefits purposes.

4. Uses and/or disclosures requiring you to have an Opportunity to Object:

We may disclose your PHI in the following circumstance if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so:

To Families, Friends, or Others Involved in Your Care:

We may share your PHI with those people directly involved in your care, or payment for your care. We may also share your PHI with these people to notify them about your location, general condition, or death.

Marketing:

We may contact you for marketing purposes or fundraising purposes, as described below:

For example, it is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of The Corliss Institute, Inc. sponsored fund-raising events.

C. Change of Ownership:

In the event that The Corliss Institute, Inc. is sold or merged with another organization, your health information/record will become the property of the new owner.

D. Your Rights Regarding Protected Health Information (PHI):

- **Right to Restrictions:** You have the right to request restrictions on certain uses and/or disclosures of your PHI, such as to carry out treatment, payment, or health care operations; instances in which you are not present or your permission cannot be readily obtained due to your incapacity or an emergency circumstance; permitting other persons to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI; and disclosure to a public or private entity



authorized by law or by its charter to assist in disaster relief efforts.. While The Corliss Institute, Inc. is not required to agree to the restriction that you requested, if do agree to that restriction, we are bound to honor that restriction unless an emergency situation warrants its release. And we cannot agree to a request to restrict uses and/or disclosures that are already required by law.

- **Confidential Communications:** You have the right to receive confidential communications of your PHI. You have the right to have your PHI received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request. Be aware, however, that we may require written requests; we may request that you provide information as to the alternative method and/or location; we may request an acknowledgement that such communication may endanger you. However, we cannot condition your request on knowing your reasons for making it.
- **Access and Photocopying:** You have the right to inspect and copy your PHI, *except for* psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI to which you are not allowed access under the law.

***Process:** We may require you to provide us with a written request for access to your PHI. We will respond to this request within 30 days of receiving it. If we deny the request, we will give you written reasons for our denial and explain your right to have our denial reviewed. If we do agree to your request for access, we must provide you with that access in the form or the format you request (assuming it can be done in that form). We may provide you with a summary of your requested PHI, in lieu of providing access to your PHI. Or we may provide you with an explanation of your PHI if you agree in advance to such a summary or explanation. We will provide you with access as requested in a timely manner, including arranging a convenient time and place for you to inspect or obtain copies of your PHI.*

We reserve the right to deny you access and copies of certain PHI material as permitted or required by law. Should we deny you access to this material, we will reasonably attempt to accommodate your request for access to other portions of your PHI that may satisfy your request. Should we deny your request for access, we will give you a written denial that states: the legal basis for the denial; A statement of your rights; and a description of how you may file a complaint with us.

If we are not in possession of the PHI you request, but know where it is, we will inform you where you may direct your request for access.

- **Amending your PHI:** You have a right to request that The Corliss Institute, Inc. amend your PHI. Please be advised, however, that The Corliss Institute, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.



- You have a right to receive a written accounting of disclosures of your PHI made by The Corliss Institute, Inc.. Such an accounting may be for any period of time up to six (6) years preceding the date on which you provide such a request, except for disclosures made prior to April 14, 2003

We are **not** required to provide an accounting of disclosures for the purposes of: treatment, payment, or health care operations (TPO); disclosures made in accordance with your signed Authorization; disclosures made to you; disclosures to persons directly involved in your health care or the payment of your health care; disclosures for national security or intelligence purposes; and disclosures to correctional institutions.

***Process:** We will respond to your written request within 60 days of receiving it. If we cannot fulfill the request within 60 days, we may extend the time for an additional 30 days*

- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

E. Changes to this Notice of Privacy Practices:

The Corliss Institute, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, The Corliss Institute, Inc. is required by law to comply with this Notice.

The Corliss Institute, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Roger Ray by calling this office at (401) 245-3609. If Roger Ray is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

F. Complaint Procedure:

Complaints about your Privacy rights, or how The Corliss Institute, Inc. has handled your PHI, should be directed to Roger Ray by calling this office at (401) 245-3609. If Roger Ray is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of April 14, 2003.