



# This is a TEST

Agency of Human Services

## Notice of Privacy Practices

This notice takes effect as of October 1, 2019

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION, AND OTHER INDIVIDUALLY IDENTIFIABLE INFORMATION, ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

Health Information Privacy Practices:	<b>Pages 1-3</b>
General Practices Concerning Individually Identifiable Information:	<b>Page 4</b>

“We” are the Agency of Human Services (AHS). AHS includes the Department for Children and Families; the Department of Disabilities, Aging and Independent Living; the Department of Health; the Department of Mental Health; the Department of Corrections; and the Department of Vermont Health Access. Our contractors and grantees include service providers throughout Vermont,

such as parent-child centers, adult day centers, and community mental health centers.

When we provide you with health and social services, we will obtain individually identifiable information (identifying information), and sometimes health information, about you. Federal and state laws require us to protect this information including the federal Health Insurance Portability and Accountability Act of 1996 known as HIPAA (“Privacy Rule”).

This notice tells you about how we may use or share your identifying and/or health information and when we may not do so. It also tells you about your rights. The law requires that we give you this notice. The law requires us to follow the terms of the notice currently in effect.

**FREE INTERPRETER SERVICES ARE AVAILABLE**

Please tell us if you need an interpreter or other accommodation in order to read and understand this notice.

Cette lettre est importante. Si vous ne la comprenez pas, apportez-la a votre bureau local pour recevoir de l'aide.

Esta carta es importante. Si no la entiende, llevala a su oficina local para solicitar ayuda.

Ovaj dopis je vazan. Ukoliko je nerazumljiv za vas onda ga ponesite I obratite se lokalnoj kancelariji za pomoc.

Barua hii ni muhimu. Kama huelewi, ichukue, uende nayo katika ofisi yako ya karibu kwa msaada zaidi.

Dokumentigan ama qoraalkan waa muhiim. Haddii aadan fahmin, waxaad u qaadaa xafiiskaaga degaanka si aad caawimaad u hesho.

यो दस्तावेज महत्वपूर्ण छ। यदि तपाईंले यसलाई बुझ्नुभएन भने, मद्दतको लागि यसलाई आफ्नो स्थानीय कार्यालयमा लिएर जानुहोस्।

ဤစာရွက်စာတမ်းသည် အရေးကြီးပါသည်။ သင်နားမလည်လျှင်၊ သင်၏နယ်မြေရုံးခန်းသို့အကူအညီရရန် ယူဆောင်သွားပါ။

### PRIVACY PRACTICES REGARDING: HEALTH INFORMATION

#### 1. What health information does AHS have about me?

You and others may give us information about your health and health care when you apply for or receive our services. This may include information about your diagnosis, disability or treatment. This may also include financial and billing information.

#### 2. What health information does AHS use and share?

We use and share only the minimum necessary health information that our staff or our contractors need to do their jobs.

#### 3. When does AHS use or share my health information?

We may use and share your health information for treatment, payment, or health care operations which includes service planning and AHS administration.

For example, we may use your information for the following reasons:

- To determine your eligibility for services or benefits
- To create and provide individualized service or treatment plans.  
*For example, we may share your information to make a plan for your treatment with nurses, doctors and other health care workers who treat you.*
- To remind you of appointments.
- To tell you of other service supports or treatments that may be helpful to you or your family.
- To pay for your services.  
*For example, your doctor may send us your health information so that we can pay her. We may also share your health information with contractors so that they can pay your doctor for us.*
- To carry out our operations and manage our programs. *For example, we may use and share your health information to make sure people who care for you give you high quality services and are paid promptly and correctly. We may use and share your information to make sure*

# Agency of Human Services Notice of Privacy Practices

This notice takes effect as of October 1, 2019

*you get the right services and to improve the services that you get.*

#### 4. Are there other times that AHS uses and shares my health information without my authorization?

There are limited times when we use and share information without your authorization. Sometimes the law allows or requires us to do this.

We may share your information without your authorization for the following personal reasons:

- With a family member or any other person you choose, relevant to their involvement in your care or payment for your care.
- To notify your family or other person responsible for your care of your location, condition or death.
- To a funeral director, or medical examiner who needs the information to carry out their duties when an individual dies.
- For worker's compensation or other similar programs.

We may share your information without your authorization for the following special reasons:

- For public health activities such as preventing or controlling disease, helping with product recalls, reporting adverse reactions to medications, injury or disability, and for keeping vital records of things such as births and deaths.
- For research purposes, subject to strict legal restrictions.
- With organizations that provide for organ donation and transplants.
- In response to a court or administrative order, subpoena, discovery request, or other process.
- To the police when required by law.
- To report a crime committed on our premises or against our staff.
- To report abuse, neglect, or domestic violence to the appropriate authorities.
- To a health oversight agency for activities when authorized by law such as audits and investigations.
- To the United States Department of Health and Human Services for a compliance review or complaint investigation.
- To avoid a serious threat to the health or safety of a person or the public, or to a law enforcement officer for a law enforcement purposes.
- To carry out specialized governmental functions, such as to protect public officials, for national security, for military affairs, and to correctional institutions for certain purposes.

- With health oversight agencies for activities authorized by law.
- With another agency administering a government program providing public benefits, with respect to eligibility or enrollment information, and to better coordinate, administer and manage related government programs.

Except for the reasons stated in this notice, or otherwise permitted by law, we will not use or share your health information without your written authorization.

#### 5. What if someone else needs my health information?

You may ask that we give your information to others, or we may ask your permission to do so. Before we share any information, you will be asked to sign an authorization form. The authorization form tells us what information to share, the purposes for sharing, and the identity of the person(s) with whom we will share. You can cancel your authorization at any time.

#### 6. May I Choose someone to act for Me?

If you have given someone medical power of attorney 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.

#### 7. May I see my health information?

In most cases, you may see your health information. You should ask the Privacy Officer, in writing, to see it or to get a copy of it (see contact information on page 3). We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. You may also request electronic copies of information that we hold electronically. Safety or other legal reasons may limit the information that you see. We may charge a reasonable amount for copying.

#### 8. May I change my health information?

If you think some of your health information in your record is incorrect, you may ask in writing that we correct it or add new information. You may ask that we send the corrected or new information to others who have received your health information from us. We may not make the changes or additions if in our opinion the information is already accurate and complete or for other reasons. If we do not agree to change your information, we will tell you, in



**Agency of Human Services**  
**Notice of Privacy Practices**  
 This notice takes effect as of October 1, 2019

writing usually within 60 days, why we do not agree. We will also note in your record that you asked us to change your information and that we did not agree to change it.

**9. May I ask AHS to restrict how it uses and shares my health information?**

You may ask that we restrict how we use and share your health information. Your request must be in writing and tell us what restrictions you want. We will consider your request but are not required to agree with it.

**10. May I request that AHS communicate with Me in a confidential way?**

You may ask that we communicate with you by reasonable alternative means or at an alternative location. Your request must be in writing and tell us where and how we should contact you. We will try to honor your request.

If you tell us that you need the alternative communication to prevent a disclosure of information that would put you in danger, we will honor your request.

**11. May I get a list of when AHS has shared my health information with someone?**

You may ask for an accounting of disclosures of your health information by us for six years prior to the date you ask, who we shared it with, and why. You must make your request in writing to the Privacy Officer. The law does not require us to list every situation in which we have shared your information. For example, we do not have to list those times that we shared your information for AHS treatment, payment or health care operations or when we shared your information pursuant to an authorization signed by you.

**12. Will I be told if there is a breach of the privacy or security of my health information?**

We will notify you in writing if there is a breach of your health information. A breach occurs when someone impermissibly sees, uses or discloses protected health information in a way that compromises the privacy or security of the health information. AHS uses the risk assessment factors set forth in the Privacy Rule to determine whether the information was compromised.

**13. What laws does AHS follow that apply to the privacy of my health information?**

We follow the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA. We also follow any federal or state laws that give you greater privacy protections than HIPAA, whenever they apply. For example, we follow the federal confidentiality law concerning substance abuse treatment programs, 42 CFR Part 2, and state confidentiality laws concerning mental health records, 18 VSA § 7103.

**14. May I have a copy of this notice?**

Yes, you are entitled to a copy of this notice. You may ask us for a paper copy at any time. An electronic version is on our website, [www.humanservices.vermont.gov](http://www.humanservices.vermont.gov)

**15. Can AHS change its privacy practices?**

We reserve the right to change our privacy practices and this notice. Any changes in our practices will apply to information about you that we already have and to information that we receive in the future. We will post a copy of any new notice on our website, [www.humanservices.vermont.gov](http://www.humanservices.vermont.gov), and provide it to you by mail.

**16. Who do I contact if I have questions about this notice?**

Please contact the **Privacy Officer** by phone at 802-241-0225, by email at: [AHS.PrivacyAndSecurity@vermont.gov](mailto:AHS.PrivacyAndSecurity@vermont.gov), or by mail at:

AHS Privacy Officer  
 c/o Agency of Human Services  
 Office of the Secretary  
 280 State Drive – Center Building  
 Waterbury VT 05671-1000

**17. How do I complain if I believe that my privacy rights have been violated?**

You can complain to our Privacy Officer in writing or by phone. You can also complain to the Office for Civil Rights, DHHS, JFK Federal Building Room 1875, Boston, MA 02203, by calling 1-800-537-7697, or visiting: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>



**Agency of Human Services  
Notice of Privacy Practices**  
This notice takes effect as of October 1, 2019

**PRIVACY PRACTICES REGARDING:  
INDIVIDUALLY IDENTIFIABLE INFORMATION**

In addition to health information privacy practices, AHS has guidelines concerning the confidentiality of information that identifies the individuals to whom we provide benefits and services.

**What is individually identifiable information?**

This is information created or received by AHS or its contactors or grantees that identifies, or reasonably could identify, an individual who receives services or benefits from AHS. Examples of identifying information are:

- Name
- Social security number
- Date of birth
- Address
- Phone number

**When does AHS share or disclose my identifying information without my permission?**

We may share or disclose your identifying information for our own program administration without your permission. Program administration means activities necessary to carry out the operations of AHS and consist of the following:

- Establishing eligibility and scope of services and assistance for which you have applied, including the identification and coordination of these services within AHS and with its contractors and grantees.
- Planning, providing, arranging, funding or paying for services and assistance for individuals and families.
- Coordination of benefits.
- Detecting fraud and abuse.
- Engaging in quality control and improvement activities.
- Emergency response and disaster relief.
- Complying with federal and state legal, reporting and funding requirements.

**When does AHS need to have my permission before sharing or disclosing my identifiable information?**

We need your written permission to share or disclose your identifying information in order to:

- Consider your eligibility for services other than those for which you have already applied.
- Coordinate your services with your providers who do not have a contract or grant with us.
- Consult with professionals outside of AHS in order to benefit from their expertise.
- Share with the persons of your choice.

If you do not give permission in the above circumstances, we may not be able to provide the full quantity and quality of services that may be available to you.

**Acknowledgment\***

\*Direct Treatment Providers shall make a good faith effort to obtain the individual's written acknowledgment of receipt of this notice. If an acknowledgment cannot be obtained, the provider must document his or her efforts to obtain the acknowledgment and the reason why it was not obtained.

I hereby acknowledge that I received a copy of this notice.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of individual or personal representative)

\_\_\_\_\_  
(Print Name of individual or personal representative)