



# NOTICE OF PRIVACY PRACTICES

**Effective Date of Notice: April 14, 2003**

**Last Updated: October 26, 2023**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

## **ABOUT EGGLESTON SERVICES**

Eggleston Services is a private, not-for-profit, 501(c)(3) corporation dedicated to the education, training, and employment of individuals with disabilities. In this notice, we use terms like “Eggleston” and “The Corporation” to refer to Eggleston Services, its’ staff and board of directors. All sites and locations follow the terms of this notice and may share health information with each other for treatment, payment, or health care operations as described in this notice.

## **USES AND DISCLOSURES**

This notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. Eggleston must take reasonable steps to ensure the privacy of your personally identifiable health information or Protected Health Information (PHI) in accordance with the privacy provisions contained in the Health Insurance Portability Accountability Act of 1996 (HIPAA) and related federal regulations. Specific laws dictate the way in which Eggleston may store and share your health-related information. This notice outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected.

A separate, confidential record of the services we provide will be created and may include your health information. This information is necessary to ensure that you receive quality services and to meet legal requirements. We are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

## **HOW WE MAY USE OR DISCLOSE HEALTH INFORMATION**

Protected Health Information (PHI) is any individually identifiable health information including your name, address, social security number, information about your health and diagnosis, services received and payment of services. PHI is considered protected in any form including, but not limited to, telephone conversations, voicemail, e-mail, texts, paper records, computer

information, transmissions over the Internet, private networks, fax machines, electronic memory chips, etc. Eggleston Services may share PHI for:

1. Treatment for Day Support or Employment Services
2. Payment or billing for services. This may include disclosure to a third-party payer.
3. Health Care Operations such as wellness, quality assurance, training, or credentialing.

In all cases, only the minimum of information required will be shared without impeding the flow of information required for the provision of quality services.

Your health information may be disclosed to people that you have authorized to act on your behalf, or people who have a legal right to act on your behalf, for example, a parent of an un-emancipated minor and those who have Power of Attorney for adults.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you cannot revoke your authorization if the Plan has taken action relying on it.

In certain cases, your health information may be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or public or private entity) authorized to assist in disaster relief efforts. You will generally be given the opportunity to agree or object to these disclosures (although some exceptions may exist). In addition, your health information may be disclosed without authorization to your legal representative.

### **OTHER ALLOWABLE USES AND DISCLOSERS OF HEALTH INFORMATION**

The following uses and disclosures of PHI may be made without your written authorization and are subject to certain requirements imposed by the HIPAA privacy regulation:

- Workers' Compensation: to provide benefits for work-related injuries or illness without regard to fault, in compliance with such laws.
- As Required by Law: when required to do so by federal, state or local law. If you are involved in legal proceedings, information may be released due to a court order. We may also release information in response to a subpoena, discovery request or other lawful process.
- Public Health & Safety. Public Health Activities, Health Oversight Activities, and Serious Threats to Health or Safety: in the event of a medical emergency, to avert a serious threat to the health or safety of you or any other person or other public health activities and disclosure as authorized by law to persons who may be at risk of contracting or spreading a disease or condition, or the prevention or control of disease.
- Specialized Government Functions, i.e., certain military and veterans activities, national security and intelligence activities and protective service for public officials
- Law Enforcement Purposes: when necessary to assist law enforcement officials or to disclose medical information to a correctional institution of official.

- Research, Death, Organ/Tissue Donation: limited disclosure to organizations that handle organ procurement or organ transplant if you are an organ donor and to coroners, medical examiners, etc., may perform their duties.
- Victims of Abuse, Neglect, or Domestic Violence: Health information may be disclosed with appropriate government authority if it is believed you have been the victim of abuse, neglect, or domestic violence. This disclosure will be made only if you agree or when required or authorized by law.
- Judicial and Administrative Proceedings
- Health and Human Services Investigation: to investigate or determine compliance with the HIPAA privacy ruling.

## **YOUR INDIVIDUAL RIGHTS**

You have the following rights regarding health information we maintain about you:

### **The Right to Request Restrictions on Uses and Discloses**

You have the right to ask for restrictions in how we use and disclose your health information for treatment, payment, or health care operations. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. To request restrictions, you must make your request in writing by submitting it to Privacy Official, Eggleston Services 5145 East Virginia Beach Boulevard, Norfolk, VA 23502.

### **Right to Request Confidential Communications**

You have the right to request, and Eggleston must accommodate reasonable requests, to receive communication of PHI by an alternate means and at an alternate location. To request confidential communication, you must make your request in writing to Privacy Official, Eggleston Services, 5145 East Virginia Beach Boulevard, Norfolk, VA 23502.

### **Right to Inspect and Copy Health Information**

You have the right to access and obtain a copy of your personal health record. To inspect or to obtain a copy of your health record, you must make your request in writing to Privacy Official, Eggleston Services, 5145 East Virginia Beach Boulevard, Norfolk, VA 23502. A reasonable fee based on the cost of copying and mailing requested records may be imposed. In some situations, your request to inspect and/or copy your health record may be denied. Should a denial occur, you will receive a written confirmation that the records are denied and the reasons for the denial and how you may appeal the decision.

### **Right to Request that Health Information be Amended**

You have the right to request that your PHI be amended if you feel the information is incorrect or incomplete. To request an amendment, submit a written, detailed request to the Privacy Officer. Your request may be denied if it a) was not submitted in writing, b) was not created by or for

Eggleston Services, c) is not part of the health information maintained by or for Eggleston Services, d) is not part of the health record that is available for inspection, or e) is accurate and complete.

#### Right to Accounting of Disclosures of Protected Health Information

With certain exceptions, you have the right to an accounting of disclosures of protected health information made by Eggleston Services within the six years prior to the date of the request. Exceptions include disclosures regarding treatment, payment, and health care operations, or pursuant to your authorization. The disclosure will be provided to you within 60 days of receipt of the request. To request an accounting of disclosures, you must send a written request to the Privacy Official, Eggleston Services, 5145 East Virginia Beach Boulevard, Norfolk, VA 23502. A reasonable fee based on the cost of copying and mailing requested records may be imposed.

#### Right to Complain

You have the right to complain to Eggleston Services and to the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with Eggleston Services, you must submit a written complaint to the Privacy Official (see below).

You may also submit a written complaint to the United States Secretary of Health and Human Services by sending your complaint care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

You will not be retaliated against or penalized for filing a complaint.

#### Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. To make such a request, submit a written request to the Privacy Official (see below).

### **RESPONSIBILITIES OF EGGLESTON SERVICES**

#### Designation of a Privacy Official

Eggleston is responsible for the development and implementation of policies and procedures of the corporation. The Human Resource Compliance Officer will be designated as the Privacy Official for the corporation. The Privacy Official is responsible for receiving complaints and providing further information regarding this notice. You may contact the Privacy Official at: 5145 East Virginia Beach Boulevard, Norfolk, VA 23502 or by calling (757) 858-8011.

#### Changes to This Notice

Eggleston Services reserves the right to amend these privacy practices and to make new practices for all Personal Health Information maintained, created, or received prior to the effective date of the change. If any material changes are made, a revised notice will be distributed

A copy of this notice will be posted at all agency sites.

Each time you schedule treatment or health care services, you may request and obtain a copy of the current Notice of Privacy Practices in effect. You may also obtain a copy of the current notice by contacting the Human Resource Compliance Officer, 5145 East Virginia Beach Boulevard, Norfolk, VA 23502

Effective Date of Notice

The effective date of this notice is April 14, 2003. This notice was last updated on October 26, 2023.

Acknowledgement of Receipt of this Notice

We will request that you sign a separate form acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.