



NOTICE OF PRIVACY PRACTICES VERSION V

(REV. 01/26)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please review carefully.

Understanding Your Health Record

Each time you visit us a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care and treatment. This information is referred to as your medical record or chart and serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer (such as State and Federal Government agencies, various Contract payers, and any other payers of services) can verify that services billed were actually provided.
- A tool in educating students of health professions
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record or chart and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Making more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record or the record of your child is the physical property of Community Care Alliance (CCA), the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Obtain a paper copy of this notice of information practices upon request
- Inspect and receive a copy of your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.526
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. This is a list of the disclosures we made of your official medical and billing records for reasons other than treatment, payment or related administrative purposes. We may charge a fee for providing an accounting of disclosure.
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken or is authorized by law

CCA's Responsibilities

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction. CCA is not required to agree to any of your requested restrictions.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make the notice available upon request on or after the effective date of the revisions and post the revised notice in a location where it can be viewed. We will not use or disclose your health information without your authorization, except as described in this notice. Other uses and disclosures will be made only with your written authorization and you may revoke that authorization as provided by law.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Chief Operating Officer Karen Rathbun at (401) 808-4844 or the Deputy Chief Operating Officer Maryrose Mensah at (401) 919-4047. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer Amm St. Onge, at (401) 445-4242. You also have the right to file a complaint with the Secretary of Health and Human Services by contacting the Office of Civil Rights (telephone # (800) 368-1019; (800) 537-7697 (TDD)). There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, caseworker, student, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use your information to send you a newsletter about the agency and our services. We may use your information to coordinate your treatment within CCA, with affiliated treatment agencies and other treatment agencies.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and procedures used.

We will use your health information for regular health operations. For example: Members of the CCA staff, both clinical and administrative, may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may use your information for activities such as, but not limited to, training students. We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, licensing visits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights law.

Substance Use Records – Federal law and regulations (Federal Regulation 42 CFR Part 2) protect the confidentiality of alcohol and drug use client records maintained by CCA. Generally, the program may not say to a person outside CCA that a client is, or is not, enrolled in its services, or disclose any information identifying a client as an alcohol or drug user unless one of the following conditions is met:

- The client consents in writing
- The disclosure is allowed by a court order
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal laws and regulations by any program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about a crime committed by a client either at the program, or against any person who works for the program or about any threat to commit such a crime.

We are mandated by state law to report any information about suspected child abuse or neglect to appropriate state or local authorities. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law. (Federal Regulation 42 CFR Part 2.22(b) (4))

Law Enforcement – We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, if an CCA work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public.

Emergencies – We may use or disclose your protected health information if, using our professional judgment, we determine that an emergency situation exists, i.e., in situations to prevent a serious threat to your health and safety or the health and safety of the public or another person. If this happens and applicable law allows us to inform you, we shall inform you of the emergency disclosure as soon as reasonably practical after the delivery of treatment.

Criminal Activity – Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend you.

National Security – When the appropriate conditions apply, we may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective service to the President or others legally authorized.

Abuse and Neglect – If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the governmental entity or agency authorized to receive such information. The law mandates that we disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elderly abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings – We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Health Information Exchange – We participate in CurrentCare, the Rhode Island health information exchange (HIE). CurrentCare is also affiliated with and share data with other HIEs, including those in Alaska, Connecticut, D.C., Maryland and West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through CurrentCare by calling 888-858-4815 or completing and submitting an opt-out form to CurrentCare by mail, fax or through their website at CurrentCareRI.org at a minimum, your protected health information may be disclosed to:

- a) Health care providers that care for them in emergencies, on a temporary basis;
- b) Public health authorities in the process of carrying out their functions, and;
- c) Health plans where information is necessary for care management, quality, and performance measure reporting.

You may also choose not to have your CCA information shared through this HIE at any time. Please note that if you choose to opt out but later decide to opt back in, any information that was previously restricted by your request will once again be exchanged and accessible through the HIE. For questions or concerns regarding sharing your information with HIE, contact the Privacy Officer, Amm St. Onge, at (401) 445-4242.

Appointments Reminders – We may use and disclose non-clinical identifying information to contact you as a reminder that you have an appointment for treatment or care.

Business Associates – There are some services provided in our organization through contacts with outside individuals or groups – our business associates. Examples include physician services, after hour emergency workers, telephone answering services, disposal service we use when disposing of health information and other confidential information. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered if applicable. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Research – We may disclose your information to researchers after their research has been authorized by an institutional review board that has reviewed the research proposal, established protocols to ensure the privacy of your health information, and granted approval.

Coroners and Funeral Directors – We may disclose health information to coroners and funeral directors consistent with applicable law to carry out their duties.

Fundraising – We may use your name, address and phone number to contact you as part of a CCA fundraising event. If you would like to opt out of receiving any fundraising related communications you may contact CCA’s Privacy Officer at 401-235-7147.

Food and Drug Administration (FDA) – We may disclose to the FDA health information relative to adverse events with respect to food, medications, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation – We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health – As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling, injury, disability, or disease, including communicable disease.

Correctional Institution – Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Effective: 10/03

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