



## Notice of Privacy Practices

*This notice explains how your health information may be used and shared, and your HIPAA rights.*

### **Your Information. Your Rights. Our Responsibilities.**

During your care at Easterseals, we collect health information about you, including information about your physical or mental health, services you receive, and payment for those services. This information is called **Protected Health Information (PHI)**. As a provider covered by HIPAA, we may only use or share your PHI as allowed by law or with your written permission. We are required to give you access to your PHI, provide a list of certain disclosures, and share information with the U.S. Department of Health and Human Services (HHS) if requested as part of a compliance review.

### **How We May Use and Share Your Information**

We may use and share your PHI without your permission for:

- Treatment – sharing information with doctors, therapists, and others involved in your care, and contacting you for appointment reminders or scheduling updates
- Payment – billing your insurance or other payors for services
- Health care operations – running our organization, including quality checks, training, and audits

We may also share your PHI without your permission when required or allowed by law, such as for:

- Public health reporting (e.g., disease outbreaks, product recalls, abuse, or neglect)
- Health oversight (e.g., inspections, audits, or investigations by government agencies)
- Legal proceedings (e.g., court orders or subpoenas)
- Law enforcement (e.g., locating a missing person or reporting certain events as required by law)
- National security or military duties
- Organ donation and post-death needs (e.g., with a coroner or funeral director)
- Preventing or reducing a serious threat to your safety or others' safety
- Workers' compensation or government benefit programs when required

### **Use of Technology and AI-Assisted Tools**

We may use secure, HIPAA-compliant technology tools, including artificial intelligence (AI) systems, to support clinical documentation, scoring, and report preparation. These tools are used only under provider supervision and follow Easterseals privacy and security policies to safeguard your information.

### **Your Rights Regarding PHI**

You have the right to:

- Ask us to limit or change how we share information, including who we communicate with and how we contact you (e.g., alternate phone number or address).
- View or get a copy of your health records.
- Ask us to correct health information you believe is wrong.
- Submit a written statement of disagreement if we deny your request to amend your record.
- Get a list of who we've shared your information with (excluding treatment, payment, or operations).
- Get a paper copy of this notice at any time.
- If you have paid for services in full out-of-pocket, we must honor your request not to share that information with your health plan unless required by law.

### **Our Duties**

We are required by law to protect the privacy of your PHI, provide this notice, and follow the terms currently in effect. We will notify you if a breach occurs that may have compromised your information.

### **Authorizations**

Some uses and disclosures not described in this notice require your written permission, including marketing, sale of your information, and most uses of psychotherapy notes. Psychotherapy notes are different from progress notes.

Progress notes include basic information such as dates of service, type of treatment, and general clinical themes and are part of the medical record. Psychotherapy notes are the therapist's personal notes, are kept separate from the medical record, and require specific authorization for most disclosures.

Your authorization will describe what information is shared, who will receive it, and when it expires. You may revoke your authorization in writing at any time; this will not affect information already shared.

### **Communications**

We may use your information to contact you about Easterseals programs or fundraising. You can opt out of these communications by sending a written request.

### **Access and Amendments**

You may request to view, copy, or amend your records. We may deny your request in certain cases, such as when the record was not created by us or is otherwise restricted by law. We will respond within 30 days. Reasonable fees may apply for copies, and we will inform you in advance. If accepted, we will share the updated information as needed.

### **Safeguards and Breach Notification**

We protect your information with physical, electronic, and administrative safeguards. If your information is involved in a security breach, we will notify you within 60 days and explain how we are addressing it.

### **Questions and Complaints**

For questions about this notice or your privacy rights, contact our Chief Information Officer, Michael Wilk, at 100 Deerfield Road, Windsor, CT 06095 or (860) 270-0600.

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights, at [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.

### **Changes to This Notice**

We may change our privacy practices at any time. If we make important changes, we will provide you with an updated notice during your care or when you have an active authorization on file. You can also request a copy at any time.

**Effective Date:** 01/05/2026