

Opportunities Inc.

Privacy Notice / Information Practices

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

Opportunities, Inc. provides many types of services, such as health, educational, transportation, and other social services. Opportunities staff must collect information about you to provide quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Opportunities, Inc.

Opportunities, Inc. may use and disclose protected health information (PHI) for treatment, payment, and healthcare operations. Treatment examples of these include, but are not limited to, provide, coordinate or manage health care to you, requested evaluations and referrals to other providers. Payment example includes, but is not limited to, insurance claims, or to provide benefits to you under a health plan such as the Medicaid program. Healthcare operations example includes, but is not limited to, internal quality control and assurance, including auditing of records.

DUTIES AND RESPONSIBILITIES

Opportunities, Inc. knows that information we collect about you and your health is private. We are required to protect this information by federal and state law. We call this information "protected health information" (PHI).

The law requires us to protect the privacy of your PHI. This means that we will:

- 1) Not use or let other people see your PHI without your permission except in the ways we tell you in this notice; and
- 2) Safeguard your PHI and keep it private. (This protection applies to all PHI we have about you, regardless of when or where you received or requested services.)

This Privacy Notice / Information Practices will tell you how we may use or disclose information about you. Not all situations will be described. Opportunities, Inc. is required to give you a notice of our privacy practices for the information we collect and keep about you. Opportunities, Inc. is required to follow the terms of the notice currently in effect.

WHO WILL FOLLOW THIS NOTICE?

- Any healthcare professional who is authorized to enter or retrieve information into your record.
- All employees of Opportunities, Inc.
- All business associates that work with or on behalf of Opportunities, Inc.

APPOINTMENT REMINDERS

We may use and disclose PHI to contact you as a reminder that you have an appointment or information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual consumer.

FUNDRAISING

We may use your PHI as part of fundraising efforts for Opportunities, Inc. and its operations. We may disclose PHI to related foundations. We will only release contact information, such as your name, address, phone number. If you do not want us to contact you for fundraising efforts, you must notify Development by letter, email or phone call.

MARKETING

We will not use or disclose any PHI for marketing purposes or sell your PHI without your prior written authorization.

BUSINESS ASSOCIATES

We may use or disclose PHI about you with third parties called Business Associate that perform various services (e.g., administrative, legal, accounting, auditing, consulting or data services) for us. Whenever an arrangement between Business Associate and Opportunities, Inc., would involve the use or disclosure of your PHI, we will have a written contract protecting the privacy of your PHI. These companies may create or receive PHI for us.

Opportunities, Inc. is permitted to use or disclose your PHI without your permission for the following purposes:

When required by law:

- Victims of abuse, neglect or violence – If we believe you are the victim of abuse, neglect, or domestic violence, we may disclose PHI about you to a person legally authorized to investigate a report that you have been abused, neglected, or have been denied your rights.
- For other law enforcement purposes, such as to comply with court or administrative orders. We may also release PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- To report evidence of a crime on Opportunities, Inc. property.
- To locate you if you are missing from programming.
- In an emergency circumstance to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- About a death we believe may be the result of criminal conduct.
- May release your PHI to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.
- We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care civil rights laws.

Special Situations:

- May release PHI to a coroner, medical examiner or funeral director, as necessary to carry out duties as authorized by law unless you previously requested a restriction.
- May release PHI to an organization that procures, banks, or transports organs for the purpose of an organ, eye or tissue donation and transplantation if you are an organ donor.
- To avert a serious threat to health or safety – may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent or resolve the threat.
- We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

When related to Public Health Activities:

- Disclose your PHI to a person or agency investigating work related illness or injury or conducting workplace medical surveillance,
- A person who may have been exposed to a contagious disease or who is at risk of contracting or spreading a disease or condition;
- To report reactions to medications or problems with products to the Food and Drug Administration (FDA).

Family member, other relative, close personal friend or Disaster Relief Agencies:

- May release PHI about you to a friend or family member, whom you have identified to be involved in your healthcare or to someone who helps pay for your healthcare. But before we do that, we will provide you with an opportunity to object to and opt out of such a disclosure whenever we practicably can do so.
- Share information about your condition, your location or death with family or friends, if not inconsistent with your prior expressed preferences. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.
- May disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

INDIVIDUAL BASIC RIGHTS REGARDING YOUR PHI

- **Right of Access (Inspect and Copy).** You have the right to inspect and obtain a copy of PHI that may be used to make decision about your care. Usually this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding or PHI that is subject to or exempt from the Clinical Laboratories Improvement Act of 1988, records

which are subject to Privacy Act of 1974 and the denial of access meets the requirements of that law, obtained from someone other than a healthcare provider under a promise of confidentiality and access would likely reveal the source of the information. To inspect and/or obtain a copy of your PHI that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer listed. If you request a copy of the information or want a summary, we may charge a fee for the costs of copying (including labor), mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access, you may request that the denial be reviewed. Another licensed professional chosen by our organization will review your request and the denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review. The right to access your PHI in electronic format upon request, where available.

- **Right to Request Corrections and Amendments.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by Opportunities. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide a reason that supports your request and we may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by Opportunities, is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- **Right to an Accounting of Non Routine Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI. To request this list you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. The accounting must be provided to you no later than 30 days after the receipt of your request unless the information is off site, then we have 60 days. If electronic health records are used, we must provide you with an accounting of PHI disclosures for treatment, payment or healthcare operations for a 3 year period, including business associate disclosures.
- **Right to Request Restrictions on use of Disclosures.** You have the right to request a restriction or limitation on the PHI we use or disclose about your treatment, payment or healthcare operations. You have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care. You have the right to require restrictions on disclosure of your PHI to a health plan where the individual paid out of pocket, in full for items or services. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, for example, disclosures to your spouse. Either you or we may terminate the restriction upon notification of the other.
- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about PHI matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. To request alternate communications or a change to an already existing request, you must make your request in writing to the Privacy Officer. We will ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to be notified of a data breach.** You have a right to receive notification whenever a breach of your unsecured PHI occurs. We will notify you within 60 days following the discovery of a breach.
- **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Out-Of-Pocket-Payments.** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose PHI, you can cancel that authorization at any time. You must make the request in writing. This will not affect PHI that has already been shared.

CHANGES TO THIS NOTICE

Opportunities, Inc. reserve the right to change terms of this notice and to make new notice provision effective for all PHI that is maintained. We will provide each individual receiving service with a copy of any revisions to this Notice at the time of their next visit, or at their last known address if there is a need to use or disclose any PHI of the consumer. You may obtain a current copy of this notice at our website, www.oppinc.org. Copies may also be obtained at any time at our offices.

COMPLAINTS

We guard your privacy closely and regard that as a primary responsibility of Opportunities, Inc. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services, Office for Civil Rights. At 1-877-696-6775 or go to website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/ for more information. To file a complaint with the Privacy Officer for Opportunities, Inc. contact: Opportunities Privacy Officer at 6101 North Stateline Ave., Texarkana, TX 75503 or call 903-791-2270 extension 4903. Privacy Officer's direct telephone number is 903-791-2296. All complaints will be addressed and the results will be reported to the Executive Director and Board of Directors. It is Opportunities, Inc.'s policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

You will be asked to sign an Acknowledgment of Receipt of the Notice of Privacy / Information Practices. If you have any questions regarding this Notice of Privacy / Information Practices, please do not hesitate to contact our Privacy Officer for more information or clarification.