



Every Citizen Has Opportunities, Inc. (ECHO)
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NOTICE OF PRIVACY PRACTICES

Revised and Effective October 1, 2005

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

Why is this Notice important to me?

This Privacy Notice tells you about your rights about your health care records. It will also describe who can see your health care record without your written permission and who cannot see them without your written permission. Not all situations will be described. We will also describe how we protect your health care records.

Why does ECHO keep a health care record on me? Is it safe?

ECHO must collect certain information about you to provide services. Protected health information (PHI) is also gathered and filed in your health care record. Your information is regularly reviewed in order to check for performance improvements. ECHO understands that your privacy is important. ECHO policies as well as Federal and State laws require us to protect your health information.

What is ECHO required to do?

First of all, ECHO is required to give you a notice of our privacy practices for the information we collect and keep about you. ECHO is also required to follow the terms of the notice currently in effect. This notice must be posted in ECHO's main office and other worksites.

Who can see my health care records without my written permission?

ECHO may use and share my protected health information in the following ways:

1. **For Treatment.** ECHO may use or share information with other service providers who are involved in your treatment. For example, information may be shared to create and carry out a plan for your treatment with a vocational counselor or case manager.
2. **For Payment.** ECHO may use or share information to receive payment or to pay for the health care services you receive. For example, ECHO may provide PHI to bill your health plan for health care provided to you.
3. **For Health Care Operations.** ECHO may use or share information in order to run its daily programs and activities. For example, trained staff may handle your health care record in order to file new information or to review the quality of services you receive. Specific information is entered into our computer system that processes billing and reports such as Medicaid billing and licensure reports. As part of our continuous quality improvement efforts to provide the most effective services, professional staff may review your record to assure accuracy, completeness, and organization. ECHO will continue to use sign-out sheets when you leave ECHO for appointments, meetings, early pick-up, etc. at all of our sites to ensure the safety of all program participants.
4. **In an Emergency.** ECHO may disclose information about you to any person who needs that particular information, such as the police or emergency medical personnel, for the purpose of preventing injury, death, or substantial property destruction. ECHO shall disclose the minimum amount of information necessary to ensure appropriate treatment is obtained or to successfully resolve the emergency situation.

5. **For Fund Raising.** ECHO may contact you to assist with raising funds for ECHO. For example, ECHO may send you notices about fund raising events and request your donations or volunteer help. ECHO will not use information about you for marketing purposes without your written consent.
6. **As Required by Law.** ECHO may use and share information when required or permitted by federal or state law or by a court order. For example, information may be given to the Virginia Office of the Attorney General in the course of a review or investigation.
7. **For Public Health Activities.** ECHO is required to report certain information to public health agencies. For example, if you or one of your coworkers has a communicable disease (such as the Hepatitis A), ECHO is required to report this to the Health Department in order to prevent or control the spread of disease. Also, if you or one of your coworkers has a work-related illness or injury, ECHO may be required to report this to OSHA (Occupational Safety & Health Administration).
8. **For Abuse, Neglect, and Domestic Violence Reports and Investigations.** ECHO is required by law to report information if you are believed to be a victim of abuse, neglect, exploitation, and/or domestic violence. ECHO may also share information with the protection and advocacy agency that may establish probable cause that you have been abused, neglected, exploited, and any information concerning the death or serious injury of any individual while receiving services, whatever the suspected cause of the death.
9. **For Health Oversight Activities.** ECHO may use or share information to comply with various health oversight activities. For example, ECHO may provide information to Medicaid for compliance with licensure or other regulations.
10. **For Judicial and Administrative Proceedings.** ECHO must share your health care record if it is properly subpoenaed, if a

court orders them to be produced, or if involuntary commitment or certification is being proposed or conducted. Please note that if you, or someone acting for you, introduce any aspect of your mental condition or services as an issue before a court, administrative agency, or medical malpractice review panel, ECHO may disclose to the court any information relevant to that issue.

11. **For Law Enforcement Purposes.** Under certain limited circumstances, ECHO is required to provide information to law enforcement officials. For example, protected health information may assist law enforcement locate a missing person or suspected victim of a crime.
12. **For Purposes of Identifying a Deceased Person or Determine Cause of Death.** For example, ECHO may provide information to funeral directors, coroners, or medical examiners.
13. **For Organ or Tissue Donations.** For example, ECHO may use or share protected health information with organ banks or procurement agencies to facilitate the donation and transplantation of organs.
14. **For Research.** For example, under limited circumstances, ECHO may use and share information for studies and to develop reports. These reports will not identify specific people. ECHO does not participate in any human experiment research activities.
15. **To Avoid Harm.** For example, ECHO may provide information to law enforcement in order to avoid a serious threat to your health and safety or that of someone else. In addition, ECHO may also provide information to law enforcement if the information is needed to identify a violent criminal.
16. **For Essential & Specialized Federal Government Functions.** For example, ECHO may use and share information with federal officials for national security and intelligence activities.

17. **For Workers' Compensation.** ECHO may use and share information to comply with workers' compensation laws. For example, if you are injured at work, you may not be able to return to work until you are better. During the time that you are not working, you may receive money from the workers' compensation fund.

Who needs my written consent before they can use or see my health care records?

With your written permission, ECHO may use and share my protected health information in the following ways:

1. **With Your Family, Friends, and Others.** ECHO may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information. ECHO may encourage you to name family members, friends, and others who may be told of your presence and general condition or well-being. Consent must be obtained and documented in your health care record before ECHO can contact family members, friends, or others. Nothing in this provision shall prohibit ECHO from taking steps necessary to secure a legally authorized representative.
2. **With Disaster Relief Organizations.** For example, if a disaster occurred in your neighborhood or near your worksite, ECHO may share information about you with the American Red Cross so they can do their job better.
3. **With Others Not Listed Here.** Many of ECHO's programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for ECHO to use and disclose your substance abuse treatment records.

Please note that you may cancel your approval at any time in writing, but ECHO cannot take back any uses or disclosures already made with your permission.

What are my Privacy Rights?

- 1. You May See and Get Copies of Your Health Care Record.** In most cases, you have the right to look at or get a copy of your health care record during normal business hours. Your request must be in writing and ECHO must respond to your request within 30 days after we receive it. The first copy of your health care record is free; after that, we will charge you 50¢ per page.
- 2. You May Ask ECHO to Make Changes to Your Health Care Record.** You may ask ECHO to change or add missing information to your health care record if you think there is a mistake. Your request must be in writing and include a reason for your request. ECHO must respond to your request within 60 days after we receive it.
- 3. You May Ask ECHO to Give You a List of Who has Seen or Used Your Health Care Record.** Your request must be in writing and ECHO must respond to your request within 60 days after we receive it. This list will not include the times that information was disclosed for treatment, payment, health care operations, and certain other disclosures. The maximum disclosure accounting period is the 6 years immediately preceding your request.
- 4. You May Ask that ECHO Put a Limit on How We Use Your Information or Who May See It.** Your request must be in writing and ECHO must respond to your request within 60 days after we receive it. Your request must include what information you want to limit and to whom you want the limits to apply. ECHO is not required to agree to your request.
- 5. You May Ask ECHO to Get in Touch with You in a Different Way or Place.** For example, you may ask ECHO to send information to your work address instead of your home address. Your request must be in writing and you do not have to explain the reason for your request.
- 6. You May Get a Paper Copy of this Notice at any Time or You May Ask for it in Another Format.** For example, you may want a

copy of this notice in Braille, large print, or on audiotape. ECHO will respond to your request within 15 days.

7. **You May Ask ECHO to Cancel Your PERMISSION.** If you have given your PERMISSION to ECHO to limit who can use or see your information, you can also ask ECHO to take away the limit. Your request to take away the limit must be terminated in writing. If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

How Can I Look at, Change, or Limit My Health Care Record?

During regular business hours, you may contact the Director of Human Services, at 703/779-2100 to:

- Ask to look at or copy your records
- Ask to change your records
- Ask to cancel your permission
- Ask for a list of the times ECHO has shared information about you
- Ask to limit how information about you is used or shared

ECHO may deny your request to look at, copy, or change your records. If ECHO denies your request, we will let you know in writing why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with ECHO or with the US Department of Health & Human Services, Office for Civil Rights.

Changes to Notice of Privacy Practices

In the future, ECHO may change its Notice of Privacy Practices. Any changes will apply to information ECHO already has, as well as any information ECHO receives in the future. A copy of the new notice will be posted in ECHO's main office and other worksites as required by law. You may ask for a copy of the current notice anytime you visit an ECHO facility, or request it by phone, fax, or email (info@echoworks.org).

How Can I Report a Problem or File a Complaint?

If you do not agree with how ECHO used or shared information about you, then you have the right to file a complaint. Your written complaint must be filed within 180 days of the date when you became aware that the act or omission complained of occurred. You may contact any of the people listed to report a problem or file a complaint.

The services you receive will not be affected by any reports or complaints you make. ECHO cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

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Office for Civil Rights, US Dept of Health & Human Services

150 South Independence Mall West, Suite 372
Philadelphia, PA 19106-3499
Phone: (215) 861-4441
FAX: (215) 861-4431
TDD: (215) 861-4440

Human Rights Regional Office, VA Dept of Mental Health, Mental Retardation, & Substance Abuse Services

9901 Braddock Rd.
Fairfax, VA 22032-1941
Phone: (703) 323-2098
Toll Free: (877) 600-7431

What if I Have More Questions? Who Can I Talk To?

If you have any questions about this notice or need more information, please contact the ECHO Privacy Officer (you may also speak to your Site Supervisor or Program Coordinator).

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