

# Notice of Privacy Practices

FUTURES UNLIMITED, INC.



## YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES

This notice describes how personally identifiable Information (PII) about you, including protected health information (PHI), may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

### Your Rights

#### **You have the right to:**

- Get a copy of your electronic or paper record
- Correct your record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them

### Your Choices

#### **You have some choices in the way that we use and share information as we:**

- Tell family and friends about you or your child's well-being
- Provide disaster relief
- Include you in a directory
- Provide mental health care
- Market our services
- Raise funds

See page 3 for more information on these choices and how to exercise them

### Our Uses & Disclosures

#### **We may use and share your information as we:**

- Provide for your health support
- Provide educational services for your child
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to and audit or evaluate educational or child development services
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See pages 3 and 4 for more information on these uses and disclosures



**When it comes to your personal information, you have certain rights.**  
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic paper copy of your medical or educational information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information or educational information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical or educational record

- You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.
- We will comply with all reasonable requests.

Ask us to limit what we use or share

- You can ask us not use or share certain information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect yours or your child’s well-being.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for purposes of payment or our operations with your health insurer. We will comply unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health or educational information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your personal information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights contacting us using the information at the bottom of page 4.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. Calling 1-877-696-6775, or visiting [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.

# Your Choices

**For certain personal information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.**

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in our best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

# Our Uses & Disclosures

**How do we typically use or share your personal information? We typically use or share your information in the following ways.**

Serve you and/or your child

- We can use your personal information and share it with other professionals who are working with you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your information to run our programs, improve your services, and contact you when necessary.

*Example: We use information about you to design effective programs, train our staff and evaluate our effectiveness*

Bill for your services

- We can use and share your information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your health services.*

## NOTES:

\*We do not maintain a centralized hospital directory as a component of our services.

\*We do not provide information relating to organ procurement.

This Notice of Privacy Practices applies to: Futures Unlimited, Inc. & Northfield Apartments, Inc.

# HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are also allowed to share your information in ways that usually contribute to the public good such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understand/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understand/consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, to verify that we're complying with federal privacy laws.

## Work with a medical examiner or funeral director

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## OUR RESPONSIBILITIES:

- We are required by law to maintain the privacy and security of your protected personal information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you inform us in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## NOTICE CHANGES:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.