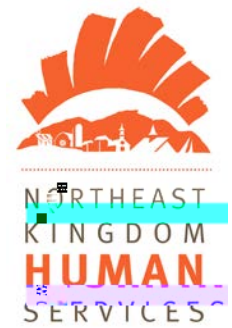


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since 1960

Notice of Privacy Practices

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. If you have any questions about this notice, please contact our Privacy Officer at (802) 334-6744.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Northeast Kingdom Human Service (NKHS) and that of:

- Any healthcare professional authorized to enter information into your health record.
- All divisions and programs of NKHS.
- Any volunteer we allow to help you while you are receiving services from NKHS.
- All employees, staff and other personnel.
- All NKHS entities, sites and locations follow the terms of this notice. Staff members at these entities, sites and locations may share health information with each other for treatment, payment or operations purposes as described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting your privacy and health information about you. We create a record of the care and services you receive at NKHS. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by NKHS, whether made by NKHS personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor.

Appointment Reminders: We may use and disclose information to contact you and remind you of an appointment.

Alternative Treatment and Benefits and Services: We may use and disclose information about you in order to obtain and recommend to you other treatment options and available services as well as other health-related benefits or services.

Fundraising Activities: Should the need arise where in wu (ne)7.518.lth[(a)-3.1 9 scn [(a)-3.1 o owe(s)-5.5 (

You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information about a counseling session you received.

To request restrictions, you must make your request in writing to our Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use of the information or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

Right to Request Confidential Communications You have the right to request that we communicate with you about health 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 confidential communications, you must make your request in writing to our Records Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of the current notice at any time. To obtain a paper copy of this notice, contact NKHS Privacy Officer at (802) 334-6744.

Security of Health Information: We have in place appropriate safeguards to protect and secure the confidentiality of your health information. Due to the nature of community based human service practices, NKHS representatives may possess your health information outside of NKHS. In these cases, NKHS representatives will ensure the security and confidentiality of the information in a manner that meets NKHS policy, State and Federal Law.

Specific requirements for electronic notice: A covered entity that maintains a website which provides information about the covered entity's customer services or benefits must prominently post its notice on the web site and make the notice available electronically through the site.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all NKHS facilities. The notice will contain an effective date. Should we make a material change to this notice, we will, prior to the change taking effect, publish an announcement of the change at every NKHS facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with NKHS or with the Secretary of the Department of Health and Human Services. To file a complaint with NKHS, call (802) 334-6744 and ask to speak with our Privacy Officer.