

_____ County SASH Collaborative
Exhibit CII

Notice of Privacy Practices
_____ SASH¹

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.

A. Your Health Information Rights

You have the right to:

- Receive a copy and an explanation of this Notice.
- Understand how we intend to use and share your information with others.
- Look at and/or receive a copy of your health record (subject to some restrictions).
- Request that your health record be changed if you believe the information is incomplete or incorrect (subject to some restrictions).
- Receive a list of the people with whom we shared your information for reasons other than treatment, payment or day-to-day operations.
- Request restrictions on the sharing of your health information. *
- Request communications by alternative means or location. *
- File a complaint if you believe your rights under this agreement have been violated.
- Revoke any authorization that you give for use and disclosure of your health information.

* Please note that while we are not required to agree to such requests, we will make an effort to accommodate you when possible.

B. Our Responsibilities

The SASH Partners, namely, _____², [*Insert names of SASH Partner organizations that signed SASH MOU*], as required by law, accept the responsibility to maintain the privacy of any health information that you share with us and to provide to you this Notice of its privacy practices. We will follow the

¹ Insert name of appropriate SASH site.

² Insert name of Housing Host.

terms of this Notice. You will be promptly notified in writing if there are any major changes to any of the privacy practices stated in this Notice. You will also be notified if there is ever an unauthorized use or disclosure of your health information.

We will not use or share your health information without authorization, except as described in this Notice (See below).

C. Routine Uses and Disclosures

With your authorization, the SASH Partners will use and/or share your health information to:

- Develop your Healthy Living Plan, and develop the Community Healthy Living Plan.
- Coordinate care and supports for you with the members of the SASH team.
- Facilitate transitions home for you from hospital and nursing home stays.
- Schedule or remind you about appointments.
- Let you know about services that may be of interest to you.
- Conduct operations such as quality assurance, performance improvement, staff education, accreditation and compliance reviews, or business planning.
- Record your information in an on site health and wellness record in a paper or electronic record.

D. Legally Required Disclosures

Whether or not we have your authorization, the SASH Partners may use and/or disclose protected health information when required by federal, state, or local law to:

- Report risks to public health.
- Prevent or lessen serious and imminent threats to health and safety.
- Report abuse, neglect or domestic violence.
- Respond to inquiries from law enforcement officials, medical review board, health oversight agencies.
- Respond to subpoenas for a judicial and administrative proceeding.
- Respond to requests to government agencies responsible for national security.
- Provide information to coroners, medical examiners, or funeral directors.
- Assist employers with workers' compensation claims.

E. Other Uses and Disclosures

The SASH Partners will not sell or release your name, address or other protected health information to another person for purposes of marketing or fundraising efforts. In the unlikely event that we were to change this policy, we would only sell or release your information if you were to give us your written authorization to do so.

Other uses and disclosures of your information will be made only with your written authorization and you may revoke such authorization in writing at any time.

F. For More Information

For more information please contact the SASH Coordinator.

G. For A Copy of Your Health Record

To get a copy of your health record, please contact the SASH Coordinator.

H. Complaints

If you believe your privacy rights have been violated, you can file a complaint with the _____ Privacy Officer, _____³ Vermont, or with the Secretary of Health and Human Services, 200 Independence Ave., Washington D.C. 20201.

I. Effective Date

_____, 2014

³ Insert name of Housing Host and name and address of staff person serving as Privacy Officer.