



## STATE OF RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

# Notice of Privacy Practices

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**DATE: MAY 13, 2025**

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

By law, we must protect the privacy of your health information. We must send you this notice. It tells you:

- How we may use your health information.
- When we can share your health information with others.
- What rights you have for your health information.

By law, we must follow the terms described in this notice.

We have the right to make changes to this notice. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all health information we have.

Health information is information about your health or the medical services you receive. Health information may be oral, written or electronic. We limit employee and service provider access to your health information. We have safeguards in place to protect your health information. We will notify you of a breach of your health information.

### How We Collect, Use, and Share Your Information.

**We collect, use and share your health information with:**

- You or your legal or personal representative.
- Certain Government agencies to make sure we are following privacy laws.

**We have the right to collect, use and share your health information for certain purposes.** This may be for your treatment or to pay for your care. We may use and share your health information as follows.

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your health information with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.

- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary health information to your employer. We may give them other health information if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

**We may collect, use, and share your health information as follows.**

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your health information or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share health information with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share health information with certain entities allowed by law, like a social or protective service agency.
- **For Health Oversight Activities.** To an agency allowed by the law to get the health information. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** For example, to answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use health information to help prepare a research study.
- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give health information to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.

- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example:
  - (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your health information.
- **Other Restrictions.** Federal and state laws may further limit our use of the health information listed below. We will follow stricter laws that apply.
  1. Alcohol and Substance Use Disorder
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, including Sexual Assault
  4. Communicable Diseases
  5. Genetic Information
  6. HIV/AIDS
  7. Mental Health
  8. Minors' Information
  9. Prescriptions
  10. Reproductive or Sexual Health
  11. Sexually Transmitted Diseases

We will only use or share your health information as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to use your health information in certain marketing mailings. If you give us your consent, you may take it back at any time.

### Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing.
- **To see or get a copy of certain health information.** You must ask in writing. Please use the form below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.

- **To ask to amend.** If you think your health information is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. If we deny your request, you may add your disagreement to your health information.
- **To get an accounting** of when we shared your health information in the six years prior to your request. This will not include when we shared health information for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy on our website.

### Using Your Rights

- **Contact EOHHS.** If you have questions about this, or you want to use your rights, you may contact the HIPAA Privacy Officer at 401-462-6351 or writing to Meg Carpinelli, Privacy Officer, 3 West Road, Virks Building Cranston, Rhode Island 02920.
- **File a Complaint or Grievance.** If you think your privacy rights have been violated, you may send a complaint or grievance at the address above or with the Secretary of the Executive Office of Health and Human Services. We will not withhold services or act against you for filing a complaint.

## FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

We protect your personal financial information. Financial information is non-health information. It identifies you and is generally not public.

### Information We Collect

- We get financial information from your applications or forms. This may be name, address, age and social security number.
- We get financial information from your transactions with us or others. This may be premium payment data.

### Sharing of Financial Information:

We will only share financial information as permitted by law. We may share your financial information to run our agency. We may share your financial information with our Affiliates. We do not need your consent to do so.

- We may share your financial information to process transactions.
- We may share your financial information to maintain your account(s).
- We may share your financial information to respond to court orders and legal investigations.
- We may share your financial information with companies that prepare our marketing materials.

### Confidentiality and Security

We limit employee and service provider access to your financial information. We have safeguards in place to protect your financial information.



Patient Plate – EOHHS Use Only

Medical Record Number:

**STATE OF RHODE ISLAND**  
**EXECUTIVE OFFICE OF HEALTH AND**  
**HUMAN SERVICES**

**ACKNOWLEDGMENT**

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by EOHHS.

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**Signature of Patient or Authorized**

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**Representative Print Name of Patient or Authorized Representative**

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**Date**

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**Description of Authorized Representative's Authority**

**Please return this form to:**

**EOHHS**

c/o Meg Carpinelli, Privacy Officer  
3 West Road  
Cranston, RI 02920