



Dear Applicant,

Below you will find the Request for Eligibility Determination process for an individual over the age of 3 years diagnosed with an intellectual disability or acquired brain disorder.

To initiate the intake process with the Intake Specialist, the applicant must complete the following steps prior to scheduling an appointment:

1. **Gather** information which shows that the applicant has an Intellectual Disability or Acquired Brain Disorder (ABD). See document list below:
 - A functional assessment/testing that tell us the prospective client's IQ.
 - Most recent 3-year educational evaluations and IEP/504 from school (if applicable).
 - All recent and past assessments (from school, doctors, mental health, etc.)
 - Any information that would assist us in making a determination (specialists, hospital and/or information that describes the prospective client's disability diagnosis).
 - Guardianship Documents, if applicable (important: if the prospective client is over the age of 18 years, we must have guardianship documents, or a release signed by prospective client allowing us to speak with you).

2. **Complete** Request for Eligibility Determination Form. Print up form and complete form, which you need to bring to your intake appointment. Bring form and documentation to intake interview. Please **DO NOT** send it ahead of time.
*Please note that the Request for Eligibility Determination Form and the intake appointment do not guarantee eligibility and/or that services will be provided.

3. **Contact** Intake Specialist at 603-459-2787 once you have completed above steps. The Intake Specialist will be able to schedule an intake appointment for you

4. **Attend** intake appointment. Plan to spend at least 1.5 hours to complete the intake appointment. During this appointment the Request for Eligibility Determination Form and required documents listed above will be reviewed. A functional assessment tool will also be completed with the applicant and an individual who is most familiar with the applicant's functionality.

If you have any questions, please don't hesitate to call 603-459-2787 or email intake@gatewayscs.org

Sincerely,
Intake
Gateways Community Services



For Internal Use Only
Date of Completed Application _____
Duck # _____

Request for Eligibility Determination

- The Request for Eligibility Determination form and interview does not guarantee eligibility and/or that services will be provided.
- **Bring form to intake interview. Please do not send ahead of time**

Prospective Client/Consumer Information:

Name: _____ DOB: _____

Current Living Arrangements: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different than physical)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Preferred method to be contacted: Phone Email

Sex: Male Female Soc. Sec. #: _____ - _____ - _____

Primary Language: _____

Does prospective client/consumer require an interpreter: Yes No

Citizenship Status: _____ Race: _____

Are you or a family member a veteran? Yes No

Primary Contact Information:

Prospective Client is Primary Contact

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Preferred method to be contacted: Phone Email

Who is completing the form?

Name: _____ Relationship _____



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Requested services:

Service Coordination
Provides Information and Referral for internal
And external services (21+)

Family Support
Services for anyone currently living
with their family

Vocational
Supports to obtain and maintain
employment (21+)

Transition
High School transition- I&R for benefits, resources
Etc. planning for services after high school (16-21)

Respite
Provides family a short-term break (3+)

Day Activities
Supports for personal care, social
and community activity (21+)

Community Support
Hourly support (21+)

Recreation & Leisure
Resources to community and/or adaptive
activities

Supported Employment
Ongoing support to obtain and
maintain employment (21+)

Benefits Consultation
Referral and assistance with State and
and Federal benefits

Representative Payee
Fiscal management of funds\
from Social Security and Medicaid

Residential Services
Supports for living outside the
family home (21+)

Environmental Modification
Adaptation to home environment related to
disability

Requested Services Notes

Basis for Application:

If prospective client/consumer has been diagnosed with any of the following developmental disabilities, please check all that apply.

- Intellectual Disability Down Syndrome Epilepsy
- Cerebral Palsy Autism Seizure Disorder
- PDD (Pervasive Developmental Disorder)
- Specific Learning Disability (please specify) _____
- Acquired Brain Disorder (please describe): _____

Other Relevant diagnosis or information (please specify)

- Thought Disorder Mood Disorder Disruptive Behavior Disorder
- Anxiety Disorder Personality Disorder Chronic Health Condition

Has prospective client/consumer ever applied for or received services from a developmental services agency in New Hampshire? Yes No

If yes under what name _____ When: _____



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If yes, please identify most recent area agency:

- Region 1: Northern Human Services
- Region 2: Pathways of the River Valley
- Region 3: Lakes Region Community Services
- Region 4: Community Bridges
- Region 5: Monadnock Developmental Services
- Region 6: Gateways Community Services
- Region 7: Moore Center
- Region 8: One Sky
- Region 9: Community Partners
- Region 10: Community Crossroads

Residential Supports:

Who does the prospective client live with?

- Staff Roommate (paid) Roommate (unpaid) Own family (paid)
- Own family (unpaid) Home Provider Paid/Subsidized Neighbor
- Unpaid Neighbor None Foster Home

Referral Information:

Who referred you to Gateways Community Services? Please check box and specify the agency

- Early Supports and Services
- Dept. of Health and Human Services
- Mental Health agency
- Friend/Relative
- Primary Care Doctor
- Hospital
- Childcare
- Town Welfare
- Religious
- Soup Kitchen
- Rehabilitation Center
- Parent/Self
- Self
- School

Agency: _____

Relationships:

(Check all the apply)

Contact 1:

Parent Legal Guardian Sibling Case Manager Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____



For Internal Use Only
Date of Completed Application _____
Duck # _____

Contact 2:

Parent Legal Guardian Sibling Case Manager Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Contact 3:

Parent Legal Guardian Sibling Case Manager Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Contact 4:

Parent Legal Guardian Sibling Case Manager Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Educational/Employment/Training/Residential Facilities (Begin with most recent):

Educational Employment/Training Residential

Setting Name: _____ Start Date: _____ End Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Educational Employment/Training Residential

Setting Name: _____ Start Date: _____ End Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Educational Employment/Training Residential

Setting Name: _____ Start Date: _____ End Date: _____



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Duck # _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Providers:

Contact 1:

Primary Care Doctor Specialty Type: _____

Name: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Contact 2:

Primary Care Doctor Specialty Type: _____

Name: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Contact 3:

Primary Care Doctor Specialty Type: _____

Name: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Contact 4:

Primary Care Doctor Specialty Type: _____

Name: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Medical Information:

Diagnosis: _____

List current medication and prescriber: _____



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Allergies: _____

Adaptive equipment (Ex. glasses, wheel-chair, hearing aids, iPad, etc.) _____

Hospitalizations (Medical and Psychiatric):

Medical Psychiatric
Facility: _____ Admission Date: _____ Discharge Date: _____
Reason: _____

Medical Psychiatric
Facility: _____ Admission Date: _____ Discharge Date: _____
Reason: _____

Medical Psychiatric
Facility: _____ Admission Date: _____ Discharge Date: _____
Reason: _____

Medical Psychiatric
Facility: _____ Admission Date: _____ Discharge Date: _____
Reason: _____

Medical Psychiatric
Facility: _____ Admission Date: _____ Discharge Date: _____
Reason: _____

Evaluations and Assessments:

*Any evaluations listed below should be provided for eligibility determination.

Date of most recent:

Psychological assessment: _____

Functional Skills/Adaptive Behavior Assessment: _____

School evaluation _____

IEP/504 _____

Other (please specify) _____ Date _____



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Legal Issues

Include dates, description of incidents, arrests, competency hearing, which police department, time served, juvenile probation, CHINS, etc.

Psychiatric History

Include mental health treatment, therapists, residential placements, etc.

Significant behaviors

Other Relevant Information:



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Insurance Information (prospective client/consumer only):

Private Medical Insurance Yes No

Subscriber Name: _____

ID # _____

Medicare: Yes No Claim # _____

Medicaid: Yes No MID # _____

Managed Care Organization (MCO):

AmeriHealth Caritas NH HIPP Medical AG NH Healthy Families WellSense

Other Agencies Involved:

Bureau of Special Medical Needs
Contact: _____ Phone: _____

Gr Nashua Mental Health Center
Contact: _____ Phone: _____

NH Department of Health & Human Services
Contact: _____ Phone: _____

NH Vocational Rehabilitation
Contact: _____ Phone: _____

Bureau of Elderly and Adult Services
Contact: _____ Phone: _____

Division of Children, Youth & Families
Contact: _____ Phone: _____

Women's Infants Children (WIC)
Contact: _____ Phone: _____

Vocational Rehabilitation
Contact: _____ Phone: _____



Frequently Asked Questions (FAQ)

- 1. What services does your agency provide?** Please refer to the enclosed brochure about Gateways Community Services
- 2. Where is your agency located?** Gateways Community Services is located at 144 Canal Street, Nashua, NH 03064
- 3. What is a Developmental Disability?** “Developmental Disability means a disability: 1) which is attributable to intellectual disability and/or intellectually disabled, cerebral palsy, epilepsy, autism or a specific learning disability, or any other condition of an individual found to be closely related to an intellectual disability and/or intellectually disabled as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for intellectually disabled individuals; and 2) which originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual’s ability to function normally in society”
- 4. What is an Acquired Brain Disorder?** “Acquired Brain Disorder means a disruption in brain functioning that” is not congenital or caused by birth trauma; presents a severed and life-long disabling condition which significantly impairs a person’s ability to function in society; occurs prior to age 60; and is attributable to one or more of the following reasons: External trauma to the brain; anoxic or hypoxic injury to the brain; infectious diseases such as encephalitis and meningitis; brain tumor; intracranial surgery cerebrovascular disruption such as a stroke; toxic exposure; other neurological disorders such as Huntington’s disease, multiple sclerosis which predominantly affect the central nervous system; and is manifested by significant decline in cognitive functioning and ability; and/or deterioration in: personality; impulse control, judgment; modulation of mood; or awareness of deficits.
- 5. What is guardianship?** Please refer to the information document “*Guardianship*”.
- 6. Do I need Medicaid to be eligible for your services?** Medicaid is not required for eligibility. However, families are strongly encouraged to apply for Medicaid.

For additional information about why Medicaid is important, please refer to the Bureau of Developmental Services paper, *Why Should Individuals with Developmental Disabilities Apply for Medicaid?*”

For your convenience you will also find a copy of the Department of Health and Human Services Application for Assistance (Medicaid) in the resource section of your Request for Eligibility Determination folder.

Key Points

It is important to discuss decision making options at least six months prior to an individual's 18th birthday. When an individual turns 18 years of age, they obtain all the legal rights of being an adult in the State of NH. There are four options:

1. Individual retains ability to make own decisions. **(Least Restrictive)**
2. Supported Decision Making – Individual retains decision making but has a formal agreement on who their supporters are for assisting to make decisions in identified areas. **(Less Restrictive)**
3. Durable Power of Attorney (DPOA)– Appoint someone to make decisions for them in one or several areas. DPOA has the right to make the decisions. **(More Restrictive)**
4. Guardianship – A court appointed guardian is identified to make all or some decisions. This option removes the right to make decisions. **(Most Restrictive)**

Supported Decision Making

Supported decision making is a strategy where the individual remains their own guardian and decision maker. They create a formal written document that appoints “Supporters” in identified areas of their life. For example, “Education.” This person is to receive all information the individual receives on that area/ decision. Their role is to review the pros and cons of each decision with the individual. The individual makes the final decision. The supported decision-making agreement is either notarized or witnessed by two individuals. The NH Department of Education has developed a fact sheet and a template that can be used to develop these agreements. These agreements can change anytime. See memo #20:

<https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-support/special-education/memorandums-by-number>

Durable Power of Attorney

Durable Power of Attorney is typically specific to certain areas of your life such as financial, medical, or educational. Using a notarized agreement, the individual appoints and documents their selection to make decisions and to what degree on their behalf. Some people use a lawyer to prepare these documents and others use online template. DPOA can be revoked verbally by the individual at any time.

Guardianship

To file for Guardianship, paperwork can be obtained through the local probate courthouse, or online at www.courts.state.nh.us. Please note that several forms need to be signed by a notary. There is a filing fee that will be due the date the petition is submitted. Guardianship removes the right of the individual to make their own decisions in the areas approved in the Guardianship decree. If an individual no longer feels that they need a guardian or wants a change in guardian, they most go back through the Probate Court.

Guardianship documents will specify the powers a Guardian may possess.

- Guardianship should only be sought when impaired judgment poses a major threat to a person's welfare.
- Guardianship is not intended to protect a person from normal daily risks.
- A Guardian should not be appointed simply because a person shows poor judgment or has trouble sticking to a decision.

(continued on other side)

Unless specified in the Guardianship decree, no Guardian has the right to:

- Choose friends
- Choose personal clothing styles, hairstyles etc.
- Decide how a person spends personal free time
- Limit or censor mail
- Prevent individual from having visitors
- Speak on behalf of individual if they can speak themselves
- Prevent the individual from being involved in an intimate relationship

Your Service Coordinator is available to help you to understand these options.



HIPAA Compliance
GATEWAYS COMMUNITY SERVICES
INFORMATION MANAGEMENT NEED TO KNOW

Definition: Need to know - the principle that states that a user should access only the specific information necessary to perform a particular function in the exercise of his/her appointed duties. Once access to an application is authorized, the authorized data user is still obligated to assess the appropriateness of each specific access on a need to know basis.

Following are examples where employees have a need to know individually identifiable information to complete their assigned job functions, as well as examples where employees do not have a need to know such information. These lists are intended to be examples only, and are not intended to be complete representations of situations where employees have a need to know individually identifiable information. Per the Gateways Community Services' policy, specific access to individually identifiable information is under the discretion of departmental director.

Examples of appropriate uses of individually identifiable information where employees have a need to know:

- Rendering direct care to specific consumers (including diagnosis, service agreement and assessment).
- Disease management and prevention activities such as immunization verification, screening for candidacy for specialized treatment programs or potential preventative interventions.
- At the request of the consumer. (Exception: Employee is not permitted access without a form signed by the consumer authorizing release of the information.)
- Administrative support activities including but not necessarily limited to appointment and scheduling coordination, complying with third party requirements, follow-up coordination, billing and collecting for services rendered to specific consumers, and maintenance of the record and/or information medium.
- Financial analysis to assess the business impact of consumer care, including but not limited to analysis of specific cases to assess impact of service/program redesign or in response to research requests (grants), and analysis of situations where it is necessary to join records from more than one system (for example, Vendor X and Vendor Y) together in order to analyze the full impact of that care.
- Performing reimbursement analysis on specific consumers.
- Performing activities in the course of development/fund raising, strategic planning, legal defense, or follow-up on a compliance complaint.
- Educational or teaching purposes or instructional requirement criteria (Interns).
- Performing quality assurance and/or regulatory compliance activities.
- Educational material or informational resources.
- Fund raising activities done at the request of an employee who has knowledge of the consumer or family's desire to donate to Gateways Community Services.

Examples specifically relevant:

- Administrative activities including enrollment, claims payment, coordination of benefits, customer service, SPEDIS reporting, data quality investigation, and quality improvement of administrative services.
- Utilization management activities for the purpose of assessing the appropriateness and efficiency of the services provided to a consumer member or group of consumer members, and for determining the contributing causes underlying certain financial results.
- Service coordination activities, including identification of members with a specific type or extent of health problems and provision of service coordination interventions.
- Grants.

Examples of inappropriate use of consumer identifiable information:

- Mass mailing fund raising solicitations to consumers with specific conditions, without the express approval of the consumer or guardian.
- Use of personal medical information in making employment decisions.
- Use of employee's personal medical information to see if the employee was really out sick, had a doctor's appointment, had a worker's compensation injury, etc.

Information Management Legally Restricted Information

Definition: Legally Restricted Information - individually identifiable information whose disclosure is specifically subject to additional legal requirements imposed by statute or administrative rule.

Examples of legally restricted information are:

- substance abuse treatment records
- sexual abuse treatment records
- mental health treatment records,
- certain diagnostic categories such as HIV/AIDS
- adolescent health information related to pregnancy, birth control, and/or sexually transmitted diseases.

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.

I. Introduction.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

II. Your Health Information Rights.

While the actual records that we maintain about you belong to us, the information contained in our records belongs to you. Under the federal Privacy Rules (42 CFR Part 160 and Part 164) you have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. Note, however, that we are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your health information, we will notify you that your request for restriction will not be honored. If we agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and obtain a copy of your health record
- Amend your health record
- Obtain an accounting of certain disclosures of your health information
- Receive confidential communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

III. Our Responsibilities. This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

This notice was published on April 1, 2003 and becomes effective on April 14, 2003.

We will not use or disclose your health information without your authorization, except as described in this notice.

IV. Examples of How We Will Use or Disclose Your Protected Health Information.

Your protected health information may be used and disclosed by members of our staff and others outside of our office that are involved in your care and treatment for the purpose of providing services to you. Your protected health information may also be used and disclosed to enable us to be paid for the services we render to you.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your care, including your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to service providers such as providers of early supports and services, or residential/day services, or physicians who may be treating you. Also, for example, we may use or disclose your protected health information, as necessary, to facilitate appointment or change of a guardian or other legal representative.

Payment:

Your protected health information will be used, as needed, to obtain payment for services that we provide to you. This may include certain activities that your health plan may undertake before it approves or pays for the services we recommend for you. For example, some health plans must make a determination that you are eligible for reimbursement for particular services before we can provide them to you and we must provide them with protected health information to enable them to make such a determination.

Healthcare Operations:

We may use or disclose, as-needed, your protected health information in order to support our own business activities. These activities include, but are not limited to, quality assessment activities, training and supervision of staff members, licensing, certification and conducting or arranging for other business activities. We may also disclose your protected health information to the NH Department of Health and Human Services or other agencies of the State of New Hampshire to comply with our contract with the State of New Hampshire and, if applicable, to determine your eligibility for publicly funded services.

We will share your protected health information with third party “business associates” that perform various activities that are essential to the operations of our organization. Whenever we have an arrangement between our organization and a business associate, we will limit the amount of protected health information that we provide to the minimum necessary to accomplish the particular task and we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may also use your health information to contact you in connection with limited marketing or fundraising communications for our agency that are permitted under the federal privacy rules. Any fundraising communication addressed to you will contain instructions describing how you may opt out of receiving such communications in the future.

V. Uses and Disclosures That We May Make Unless You Object.

In the following situations, we may disclose your protected health information if you do not object.

Notification.

We may use or disclose information to notify or assist in notifying a family member, or friend of your location and general condition.

Communications.

Staff members may disclose to a family member, other relative, or close personal friend health information relevant to that person's involvement in your care or payment related to your care.

If you are present for, or otherwise available prior to, a notification or communication with family or another caregiver, and you have the capacity to make health care decisions, we may make the disclosure if you agree; or if we provide you with the opportunity to object and you do not object; or we reasonably infer from the circumstances that you do not object. If you are not present for the notification or disclosure, or the opportunity to agree or object cannot be provided because of your incapacity or an emergency circumstance, we may determine whether the disclosure is in your best interest and, if so, we may disclose to the designated person only that information that is directly relevant to the person's involvement with your health care.

VI. Uses and Disclosures Not Requiring Your Authorization.

The federal privacy rules provide that we may use or disclose your protected health information without your authorization in the following circumstances:

Food and Drug Administration (FDA):

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation:

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health:

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution:

Should you be an inmate of a correctional institution or a resident of another form of court-ordered placement (for example, if you are involuntarily committed to the developmentally disabled system), we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid search warrant or court order.

Criminal Activity:

We may disclose your protected health information if we believe that it constitutes evidence of criminal conduct that occurred on our premises. We may also disclose your protected health information if we are required by applicable state law to report

suspected child abuse or neglect or abuse of incapacitated adults or an injury that we believe may have been the result of an illegal act. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Legal Proceedings:

We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and, in certain situations, in response to a subpoena, discovery request or other lawful process.

Relating to Decedents:

We may disclose protected health information regarding an individual's death to coroners, medical examiners or funeral directors consistent with applicable law.

As Required By Law:

We may use or disclose your protected health information to the extent that the use or disclosure is required by state or federal law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal Privacy Rules.

VII. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. You may revoke this authorization, at any time, in writing, except to the extent that we have already relied upon your authorization in making a disclosure.

VIII. HIPAA Safeguards and Mitigation of Harm

We use appropriate safeguards to prevent the use or disclosure of PHI. We have implemented administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that we create, receive, maintain, or transmit on behalf of a Covered Entity. Such safeguards include:

- Maintaining appropriate clearance procedures and providing supervision to assure that our workforce follows appropriate security procedures;
- Providing appropriate training for our staff to assure that our staff complies with our security policies;
- Making use of appropriate encryption when transmitting PHI over the Internet;
- Utilizing appropriate storage, backup, disposal and reuse procedures to protect PHI;
- Utilizing appropriate authentication and access controls to safeguard PHI;
- Utilizing appropriate security incident procedures and providing training to our staff sufficient to detect and analyze security incidents; and
- Maintaining a current contingency plan and emergency access plan in case of an emergency to assure that the PHI we hold on behalf of a Covered Entity is available when needed.

In the event of a use or disclosure of PHI that is in violation of the requirements of the HIPAA Compliance, we will mitigate, to the extent practicable, any harmful effect resulting from the violation. Such mitigation will include:

- Reporting any use or disclosure of PHI and any security incident of which we become aware as the Covered Entity; and
- Documenting such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request for an accounting of disclosure of PHI in accordance with HIPAA.

IX. Potential Impact of State Law

The HIPAA Privacy Regulations, generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of protected health information concerning HIV, AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

X. For More Information or to Report Complaints

If you wish to exercise any of the rights listed in Section II of this Notice, or if you have questions and would like additional information you may contact our Privacy Officer either in writing or by phone:

Senior Human Resources Director
Gateways Community Services
144 Canal Street Nashua NH 03064
(603) 459-2717

If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint.