



Acknowledgment of Notice of Privacy Practices

I acknowledge that I have received a copy of the **Notice of Privacy Practices** from **Friends Together**. This Notice explains how my (or my family member's) health information may be used and disclosed, as well as my rights under the Health Insurance Portability and Accountability Act (HIPAA).

I understand that:

I may request an additional copy of the Notice at any time.

The organization may update the Notice, and the updated version will be available upon request and posted as required.

My signature below only acknowledges receipt of the Notice; it does **not** indicate consent to any specific use or disclosure of my health information.

Individual/Member Information:

Name: _____

Date of Birth: _____

Program(s): _____

Signature of Individual/Guardian/Representative:

Printed Name: _____

Relationship (if not individual): _____

Date: _____

For Office Use Only:

Staff Member Providing Notice: _____

Date Provided: _____

If acknowledgment not obtained, explain good-faith effort:



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.

Friends Together is required by law to maintain the privacy of your protected health information (“PHI”), to provide you with this Notice, and to follow the terms of this Notice while it is in effect. We may change the terms of this Notice, and the changes will apply to information we already have about you and any information we receive in the future. We will post the current Notice in our facilities and on our website and will provide it upon request. Effective date: February 26, 2026

Your Rights:

You have the following rights regarding your PHI. Instructions for exercising these rights are provided below or by contacting our Privacy Office.

- Get an electronic or paper copy of your medical record.
- Ask us to correct your medical record.
- Request confidential communication.
- Request restrictions on uses or disclosures.
- Get a list (accounting) of certain disclosures.
- Get a copy of this Notice.
- Choose someone to act for you.
- File a complaint.

Your Choices:

In certain situations, you have choices in how we use and share information:

- With your permission, we may share information with family, friends, or others involved in your care.
- We will not use or disclose your PHI for marketing, sale of PHI, or most fundraising without your authorization.

Our Uses and Disclosures:

We typically use or share your PHI in the following ways:

- Provide Services to you
- Bill for your services.
- Run our organization.

We may also use or disclose your PHI for public health, safety, research, compliance with law, organ donation, workers' compensation, and law enforcement purposes.

Other uses and disclosures not described in this Notice will be made only with your written authorization.

Our Responsibilities:

We are required to maintain the privacy and security of your PHI, provide this Notice, follow its terms, and notify you after a breach of unsecured PHI.

Contact and Complaints:

Privacy Officer:

Kate Fontana

Ph: 508-888-0489

Email: kfontana@riverviewschool.org

551 Route 6A, East Sandwich, Ma 02537

You may file a complaint with our Privacy Office or with HHS OCR at www.hhs.gov/ocr/privacy/hipaa/complaints/.

How We Provide This Notice:

We make this Notice available onsite and upon request.