



**Island Transit**

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## **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical and ADA eligibility information about you may be used and disclosed and how you can get access to this information.

Island Transit respects your privacy. We understand that your personal health and eligibility information is very sensitive. We will not disclose your information to others unless you tell us, in writing, to do so or unless the law authorizes or require us to do so. We will not process any eligibility application that does not have your signature or your legal guardian's signature on all pages where a signature is required. For Island Transit's purposes, our privacy practices cover all information contained in your ADA eligibility file, including any research we've conducted regarding your case.

### **Use and Disclosure of ADA Eligibility Information**

The information contained in your file includes all applications received and any health information provided to determine your eligibility. It may include any letters received on your behalf, documented conversations, trip plans and other information pertinent to your ADA eligibility and service provision.

Island Transit uses this individual information in the eligibility decision-making process, appeals, functional assessments, determination of service provision, and for travel training. We may also use the information to review the qualifications and performance of contractors, to train our staff, and to review and improve our services. We will also provide this information to anyone you ask us to, in writing, through a release of information request. Access to the information is limited to those individuals stated above.

You have the right to review your file. This review may occur in person, with advance notice. Valid identification will be required. You may request that a copy of your file be mailed to you. This request must be made in writing and we will charge you a reasonable cost-based fee for expenses such as copies, postage and staff time. **We will not disclose specific information to you or anyone else over the phone.**

You may ask us to restrict certain uses and disclosure of this information. The request must be presented in writing and we are not required to grant the request. You may also revoke any previous consent to disclose information by submitting a written request. The revocation will apply only to future disclosure requests.

We may use and disclose your information without your authorization as follows:

- **Required by law.** Disclosure of information is permitted when required by law, whether federal, tribal, state or local.
- **Public health and safety.** Information may be disclosed to public health authorities and their authorized agents for public health purposes including, but not limited to, public health surveillance, investigations, and interventions.

- **Health Research.** Information can be disclosed for research without authorization if the research has been approved and has policies to protect the privacy of your individual information.
- **Abuse, neglect, or domestic violence.** Information may be disclosed to report abuse, neglect, or domestic violence under specific circumstances.
- **Law Enforcement.** Information may be disclosed to law enforcement officials pursuant to a court order, subpoena, or other legal order, to help identify and locate a suspect, fugitive, or missing person; to provide information related to a victim of a crime or a death that may have resulted from a crime, or to report a crime.
- **Judicial and administrative proceedings.** Information may be disclosed in the course of judicial or administrative proceedings, including appeals and functional assessments.
  - **Workers Compensation.** Disclosure of work-related health information as authorized by, and to the extent necessary to comply with, workers compensation programs.
- **Payment and transportation coordination.** We may use and disclose your health information to obtain reimbursement for expenses or to coordinate transportation with other providers.

**All requests to release information must be in writing, dated, and must:**

- Include Island Transit applicant/customers name, current address, and phone number.
- Identify the nature of the information to be disclosed.
- Identify the name and institutional affiliation of the person or class of persons to whom the information is to be disclosed (specifically, who the information may be released to, legal name, and relationship).
- Identify that Island Transit is to make the disclosure.
- Include an effective date and an expiration date or an expiration event that relates to the Island Transit applicant/customer or to the purpose of the use or disclosure.
- Include the manner of allowable release (verbal, viewing file, and/or copy of file). We will charge you a reasonable cost-based fee for expenses such as copies, postage and staff time.

***You or your legal guardian must sign the request.***

*(If a legal guardian signs, he/she must attach proof of legal guardianship or power of attorney).*

**Written requests must be submitted to:**

Island Transit  
 ADA Eligibility  
 P.O. Box 1735  
 Coupeville, WA 98239

If you believe your privacy rights as described have been violated, you may discuss your concerns with Island Transit's Executive Director at 360-678-7771 or [rose@islandtransit.org](mailto:rose@islandtransit.org)

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.