

ARC OF ONONDAGA CHAPTER NYSARC, INC. 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 READ IT CAREFULLY.

We recognize that our relationships with current and prospective consumers are based on integrity and trust. We work hard to maintain your privacy and are very careful to preserve the private nature of our relationship with you. At the same time, the very nature of our programs and services sometimes requires that we collect or share information about you with other organizations or individuals. This Notice of Privacy Practices describes how we may use and disclose your protected health information as well as your rights to access and control your protected health information. Arc of Onondaga restricts access to personal information about you to those individuals who need to know that information in order to provide supports and services to you. We also maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to protect your personal information. We are required to abide by the terms of this Notice of Privacy Practices.

WHO WILL FOLLOW THIS NOTICE

This Notice describes our agency's practices and that of any health care professional authorized to enter information into your individual charts or records, all departments of the agency, including all employees, staff, volunteers, and other agency personnel, and all other entities, sites, and locations affiliated with the agency who are authorized to enter information in your clinical record or need to review your records to provide services to you.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information. Not every use or disclosure in a category will be listed but all of the ways we are permitted to use and disclose information will fall within one of these categories.

- ❖ **Treatment.** We may use protected health information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other agency personnel who are involved in delivering services to you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the dietician may need to tell the Residential Department if you have diabetes so that we can coordinate your services in accordance with your needs. Different departments of the agency also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, follow-up care and needs assessments. We also may disclose protected health information about you to people outside the agency who may be involved in your care and services, such as family members, advocates, employers or others we use to provide services that are part of your plans of service.
- ❖ **Payment.** We may use and disclose protected health information about you so that the treatment and services you receive from the agency may be billed to and payment may be collected from you, Medicaid, an insurance company, or a third party. For example, we may need to give your health plan information about clinic services you received at the agency so your health plan will pay us or

reimburse you for the visits. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- ❖ **Health Care Operations**. We may use and disclose protected health information about you for agency operations. These uses and disclosures are necessary ensure sure that all of our consumers receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many consumers to decide what additional services the agency should offer, what services are not needed, and whether certain new programs are effective. We may also disclose information to doctors, nurses, technicians, and other agency personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- ❖ **Appointment Reminders**. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at the agency.
- ❖ **Treatment Alternatives**. We may use and disclose protected health information to tell you about or recommend possible treatment options, alternatives, or other services that may be of interest to you.
- ❖ **Health-Related Benefits and Services**. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- ❖ **Marketing Activities** The agency must obtain your prior written authorization to use your protected health information, except for a face-to-face encounter or a communication involving a promotional gift of nominal value.
- ❖ **Fundraising**. We may use protected health information to send fundraising communications to you. We must offer you the opportunity to opt out of future fundraising communications.
- ❖ **Individuals Involved in Your Care or Payment for Your Care**. We may release protected health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- ❖ **Research**. Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the agency. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the agency.

- ❖ **As Required By Law**. We will disclose protected health information about you when required to do so by federal, state or local law.
- ❖ **To Avert a Serious Threat to Health or Safety**. We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- ❖ **Workers' Compensation**. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ❖ **Public Health Risks**. We may disclose medical information about you for public health activities. These activities generally include prevention or control of disease, injury, or disability, reporting of births, deaths, child abuse/neglect, reactions to medications/problems with products, notification to individuals regarding recall of products, and notification to an individual who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- ❖ **Health Oversight Activities**. We may disclose protected health information to an oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ❖ **Lawsuits and Disputes**. We may disclose protected health information about you in the course of any administrative or judicial proceeding. If you are involved in such a proceeding, we will disclose health information if the judge or presiding officer orders us to do so.
- ❖ **Law Enforcement**. We may release protected health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the agency; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ❖ **Coroners, Medical Examiners and Funeral Directors**. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about consumers of the agency to funeral directors as necessary to carry out their duties.
- ❖ **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR AUTHORIZATION PRIOR TO DISCLOSURE IS REQUIRED IN SOME CASES

The law requires your prior written authorization in the following cases. Not every use or disclosure in a category will be listed.

- ❖ **Psychotherapy Notes (Option – Not Necessary if Agency does not Maintain Psychotherapy Notes)**. We may use and disclose most psychotherapy notes, where appropriate, only with your prior authorization.
- ❖ **Marketing Purposes/Sale of PHI**. We may use and disclose protected health information for marketing purposes or for disclosures constituting a sale of protected health information only with your prior authorization.
- ❖ **Other Uses**. Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- ❖ **Right to Inspect and Copy**. You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If we maintain electronic health records, you have the right to obtain an electronic copy of your records. You may also, by written request, ask us to send your health information directly to another party.
- ❖ To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to Donna Loveland, HIPAA Privacy Officer, Arc of Onondaga, 600 S. Wilbur Ave., Syracuse, NY 13204. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- ❖ We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- ❖ **Right to Amend**. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency.
- ❖ To request an amendment, your request must be made in writing and submitted to Donna Loveland, HIPAA Privacy Officer, Arc of Onondaga, 600 S. Wilbur Ave., Syracuse, NY 13204. In addition, you must provide a reason that supports your request.
- ❖ We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the protected health information kept by or for the agency;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- ❖ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, excluding information used for treatment, health care operations and payment.
- ❖ To request this list or accounting of disclosures, you must submit your request in writing to Donna Loveland, HIPAA Privacy Officer, Arc of Onondaga, 600 S. Wilbur Ave., Syracuse, NY 13204. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- ❖ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a clinic appointment you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We are required to agree to any request by you to restrict disclosure of protected health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.

To request restrictions, you must make your request in writing to Donna Loveland, HIPAA Privacy Officer, Arc of Onondaga, 600 S. Wilbur Ave., Syracuse, NY 13204. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- ❖ **Right to Notice of Breach.** You have the right to be notified following a breach of your unsecured health information.
- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- To request confidential communications, you must make your request in writing to Donna Loveland, HIPAA Privacy Officer, Arc of Onondaga, 600 S. Wilbur Ave., Syracuse, NY 13204. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- ❖ **Right to a Paper Copy.** You have a right to obtain a paper copy of this Notice. Copies are available at our agency and upon request.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information that we already have about you as well as any information we receive in the future. We will post the new notice with the effective date at our agency and on our website at www.arcon.org

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer for the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact **Donna Loveland, HIPAA Privacy Officer, Arc of Onondaga, 600 S. Wilbur Ave., Syracuse, NY 13204** All complaints must be submitted in writing.

We will never retaliate against anyone for filing a complaint.

If you have any questions or complaints, please contact:

**Donna Loveland
Privacy Officer
Assistant Executive Director – Quality & Compliance
315-476-7441, x1127**