

YOUR PRIVACY RIGHTS:

General Right to Privacy: Individuals served by the Neighborhood Center have a right to health information privacy and confidentiality.

- a. In **most situations**, you will be asked to provide your **signed authorization** prior to the release of health information.
- b. In addition to those circumstances already listed, your authorization is **not required** in situations such as emergencies, when communication carriers exist, when there is an indirect treatment relationship, if you are a prison inmate, or as otherwise required by law.

You Have A RIGHT to:

1) **RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR PHI:** You have the right to ask that we limit how we use and disclose your PHI. We will consider all requests, but are **not** legally required to accept it. If we accept your request, we will put any limits in writing and abide by them **except in emergency** situations or as otherwise required by law. You may **NOT** limit the uses and disclosures that we are legally required or allowed to make.

2) **RIGHT TO ACCESS AND COPIES:** With few exceptions (such as those described below), you have the **right to inspect and / or obtain a copy** of your protected health information contained within a designated record set - this includes medical and billing records, enrollment, payment, claims adjudication and case management records or other records used to make decisions about an individual. The request must be made **in writing** (form available) and we may charge a reasonable per-page fee for copying records.

Depending on the type of request, access will be granted within ten (10) days of receipt of the written request (though there are special situations where the law allows for longer periods). This right continues for the amount of time the information is maintained in the designated record set.

3) **RIGHT TO CORRECT OR AMEND:** You have the right to request your provider **amend** (correct) protected health information or a record (about you or a family member, as in the case of a child) in a designated record set for as long as the record is maintained in the record set. The request must be made **in writing** (form available) and a **reason for requesting the amendment** should be included in the request. Unless the request is **denied**, the request will be honored within sixty (60) days. **Note:** The amendment request **does not require** that an already recorded entry be altered, only that the requested amendment (referencing the desired entry) become a part of the designated record set.

4) **RIGHT TO A RECORD OF DISCLOSURES:** You are entitled to an accounting of most disclosures of protected health information made

for six (6) years prior to the date on which the accounting is requested **EXCEPT** for those disclosures exempted by HIPAA.

Your request for an accounting of disclosures will usually be honored **within 60 days** of receipt of the written request (form available), but the law does allow for a one-time extension (of an additional 30 days) if the Center deems it necessary.

5) **RIGHT TO CHOOSE HOW PHI IS SENT TO YOU:** Within reason, you have the right to ask that we send information to you at an alternate address (such as requesting that we send information to your work address rather than your home address) or by alternate means (such as by regular mail versus E-mail and, if such methods are reasonably available). We must agree to your request as long as we can easily provide it in the format you requested and the request does not place unreasonable or excessively costly barriers on delivery of the PHI.

6) **RIGHT TO FILE A COMPLAINT.**

If you believe your privacy has been breached or you disagree with a decision we made about access to your PHI, you may file a complaint.

You may contact the following persons / entities to file a complaint:

The Neighborhood Center, Inc
Director, Quality Management
293 Genesee Street
Utica, New York 13501
(315)733-6970 Fax: (315)733-8169

OR

Region II, Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, New York 10278
(212)264-3313; FAX: (212)264-3039

THE NEIGHBORHOOD CENTER, INC.

NOTICE OF PRIVACY PRACTICES



July 22nd, 2003

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.

The Neighborhood Center, Inc. records and maintains health information about those we serve in our programs. These records contain personally identifying information that we've created or received about your present, past and future health history or condition, your symptoms, assessment and evaluation results, diagnoses, treatment plans, medication records and progress notes. We are legally required to follow these privacy practices to protect **your** health information privacy and provide you with this Notice of Privacy Practices to explain how, when and why we use and/or disclose your protected health information [PHI].

This **Notice of Privacy Practices** is subject to change based on changes in the law or our policies. We reserve the right to change the terms of this notice and our privacy practices at any time. Any changes will apply only to the PHI that we already have and before making a significant change, we will change this notice and post a new notice in our facilities. You may request a copy of any amended notice at any time from the receptionist or your service provider. Additionally, this notice will appear on our website www.charityadvantage.com/TheNeighborhoodCenterCNY and can be downloaded from there at any time [after 4/1/03].

Your **protected health information** [PHI] is maintained as **confidential** [except when disclosure is required by law] but may be used or disclosed by the Neighborhood Center for **treatment, payment, and related health care operations** AND **with proper authorization** as described in these Privacy Practices:

- For **TREATMENT** purposes, your health information may be disclosed to treatment staff and administrative personnel who provide you with services or are involved in your services.
- To **OBTAIN PAYMENT** or **DETERMINE ELIGIBILITY** FOR **PAYMENT FOR SERVICES**, your health information can be used or disclosed for billing purposes or to collect payments for the services provided to you. For example, we may provide necessary portions of your PHI to our billing department and to your health plan to get paid / reimbursed for the services we provide to you.
- For **HEALTH CARE OPERATIONS**, we may use and disclose your PHI to operate our clinics and other services. For example, we may use your PHI to evaluate the quality of the services provided to you.
- With **PROPER AUTHORIZATION** from you, we may use or disclose your PHI [for purposes other than those described above] that may be described in the authorization.

We may use and disclose PHI in the following circumstances WITHOUT your authorization:

- **When disclosure is required by federal, state, or local law, for judicial or administrative proceedings, or to law enforcement personnel** - For example, we may make disclosures when a law requires that we report information to government agencies and law enforcement personnel about

victims of abuse, neglect, or domestic violence or when ordered in a judicial or administrative proceeding.

• **For Public Health Activities** – For example, we may disclose information or report about various diseases or an individual's death to government officials, coroners, medical examiners, and funeral directors.

• **For Health Oversight Activities** – For example, we may provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

• **For Research Purposes** – For example, in certain circumstances, we may provide PHI in order to conduct mental health research.

• **To Avoid Harm** – For example, in order to avoid serious threat to health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

• **For Specific Government Functions** – For example, we may disclose PHI of military personnel and veterans in certain situations and we may disclose PHI for national security purposes such as protecting the President of the United States or conducting intelligence operations.

• **For Workers' Compensation Purposes** – For example, we may provide PHI in order to comply with worker's compensation laws.

• **Appointment Reminders and Health-Related Benefits or Services** – For example, we may use PHI to develop / provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.

• **For Fundraising Activities** – For example, we may use limited types of your PHI [such as demographic information] to raise funds for our organization. If you do not wish to be contacted as part of our fundraising efforts, please inform your service provider or the program supervisor.

TWO TYPES OF USE AND DISCLOSURES REQUIRE YOU BE INFORMED OF YOUR OPPORTUNITY TO OBJECT TO THE DISCLOSURE; they are:

- **Patient Directories**
- **Disclosures to family, friends or others** – we may provide your PHI to a family member, friend, or other person that you indicate is involved in your services or the payment for your services unless you object, in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.

The Neighborhood Center, Inc. is a member of the Oneida County Mental Health Network which enables us to share Protected Health Information [PHI] and other confidential health information to carry out the functions of the Network and for treatment purposes. All agencies within the Network have agreed to protect your health information in compliance with the Health Insurance Portability and Accountability Act of 1996 and applicable Mental Hygiene and Public Health Laws not pre-empted by HIPAA.

UNDER NYS MENTAL HYGIENE LAW, YOU HAVE A RIGHT TO:

1. **Privacy and Confidentiality** – information will not be released without a signed authorization except as described in this notice and as allowed for by law. We have the *duty to warn* individuals whom a client threatens with physical harm and to take necessary and appropriate action when a client is suicidal. Be **treated with dignity and respect** by staff members.
2. Receive services **without discrimination** and in **consideration and respect of your cultural and ethnic heritage.**
3. Be **protected from abuse by employee and other clients.** If you see verbal, physical, or sexual abuse please **report it** immediately.
4. **Participate** in the development and revision of your individualized service plan.
5. Know the **name of the staff member** who will have primary responsibility for your services and **the type of services** you will be receiving.
6. Receive the **most appropriate services in the least restrictive setting.**
7. **Refuse any services to which you object** and discuss **acceptable alternative** services with appropriate staff.
8. **Know the risks and benefits of any medications you may receive** and to not receive inappropriate or excessive services.
9. **Know the COST of services.**
10. **Know any limitations** on the amount of time you may receive services.
11. Request, **in writing, to review your clinical record** or **your child's clinical record** as described in this Notice of Privacy Practices. The request will be responded to within ten (10) business days.
12. **Request that a copy of your record, or parts of your record, be shared** with other providers. If your Protected Health Information is shared, you have a right to know whom the information is shared with as described in this Notice.
13. Know the **process of initiating a grievance or complaint** without fear of retaliation. Grievance procedures are described in this Notice.
14. **Terminate your services at any time.** If you decide to terminate your services, we encourage you to speak with your service provider so they may assist you in making alternative arrangement for your continued care.

YOU HAVE A RESPONSIBILITY TO:

1. Treat staff with dignity and respect.
2. Participate actively in the service plan developed for you or your child.
3. Value the treatment you are provided and invest in the treatment process.
4. Present for your appointments promptly or cancel / reschedule 24 hours in advance.
5. Pay for services at the time they are provided.