



The Arc of Ulster-Greene
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POLICY STATEMENT

Topic: Notice of Privacy Practices Date Effective: 9/23/13

Revised New Section: HIPAA Number: 9.12

Date: 6/1/16 Approved by: 

**The Arc of Ulster Greene
HIPAA
(HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)**

NOTICE OF PRIVACY PRACTICES

Revised Effective Date: May 25, 2016

THIS NOTICE DESCRIBES HOW CLINICAL AND HEALTH INFORMATION ABOUT INDIVIDUALS MAY BE USED AND DISCLOSED, AND HOW INDIVIDUALS, THEIR GUARDIANS AND/OR THEIR PERSONAL REPRESENTATIVES, CAN GET ACCESS TO THIS INFORMATION.

GUARDIANS AND PERSONAL REPRESENTATIVES SHOULD BE AWARE THAT THE WORD "YOU" IN THIS NOTICE REFERS TO THE INDIVIDUAL, NOT TO THE GUARDIAN. PLEASE REVIEW IT CAREFULLY.

The Arc of Ulster-Greene and its affiliates, is committed to protecting the privacy of you and your family, and sharing information about you only with those who need to know and who are permitted by law to receive this information. We are required by both federal and state law to protect the privacy and confidentiality of personal and health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our agency, its staff, and affiliated service providers that jointly provide services for you. A copy of our current notice will always be posted in our reception area. You will also be able to obtain a copy by accessing our website at www.TheArcUG.org, or calling our office at (845) 331-4300 x-275, or asking for one at the time of your next visit.

Any uses or disclosures of protected health information other than those permitted by the HIPAA Privacy Rule will be made only with written authorization from you or your authorized representative. You or your authorized representative has the right to revoke an authorization at any time.

If you have any questions about this notice or would like further information, please contact the Privacy Officer at (845) 331-4300, x275 or write to: Privacy Officer, The Arc of Ulster-Greene, 471 Albany Avenue, Kingston, New York 12401

CONFIDENTIALITY OF PERSONAL AND HEALTH INFORMATION

Requirement For Written Authorization.

We will generally obtain your written authorization before using your health information or sharing it with others outside the agency. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to the Privacy Officer.

1. Exceptions To Authorization Requirement.

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- We may use your health information to treat your condition, collect payment for that treatment, and run our agency's normal business operations. We also may disclose your health information to another provider or a payor for its payment activities, and for certain of its business operations if it also has, or had, a treatment or payment relationship with you and the information pertains to that relationship.
 - "Treatment" means that we may share health information about you inside our agency, or with another agency, to plan for and provide services for you. If you agree, we may also share information about you with others outside the OPWDD service system when necessary to provide other services; for example, we may disclose certain information about you to a prospective employer in connection with a job placement or training program.
 - "Payment" means that we may use your health information , or share it with others so that we obtain payment for your services.
 - "Operations" means that we may use your health information , or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in providing services to you, or to educate our staff on how to improve the care they provide for you.
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- To a personal representative who is authorized to make health care decisions on your behalf;
 - To government agencies or private insurance companies in order to obtain payment for services we provided to you;
 - to comply with a court order, laws, or regulations that we are required to follow;

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- To appropriate persons who are able to avert a serious and imminent threat to the health or safety of you, another person, or the public;
- To appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under Federal and State confidentiality laws;
- To other licensed agency emergency services as permitted under Federal and State confidentiality laws;
- To an attorney representing you in an involuntary hospitalization or medication proceeding, (We will not disclose health information about you to an attorney for any other reason without your authorization, unless we are ordered to do so by a court.)
- To authorized government officials for the purpose of monitoring or evaluating the quality of care provided by the agency or its staff;
- To qualified researchers, approved according to the agency's Special Review Committee Policy #1.03, when such research poses minimal risk to your privacy
- To coroners and medical examiners to determine cause of death;
- If you are an inmate or are detained by a law enforcement officer we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.
- **School Immunization Records.** We may disclose immunizations records to schools as required by law. We will ask your permission before doing this.
- **Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.
- **Product Monitoring, Repair And Recall.** We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.
- **Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.
- **Funeral Directors.** In the event of your death, we may release this information to funeral directors as necessary to carry out their duties.
- **Organ And Tissue Donation.** In the event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is appropriate and possible under applicable laws. Your organs and/or tissue would not be used for transplant without written consent by a legally authorized person.

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- **Decedent Information.** Following your death, we may disclose your health information to family members and others who were involved in your care or payment for your care prior to your death, unless you have expressed a prior preference that this not be done.

- We may use or disclose your health information if we have removed any information that might reveal who you are.

- **Emergencies Or Public Need.** We may use or disclose health information about you in an emergency or for important public needs. For example, we may share your information with public health officials at the New York State or City health departments who are authorized to investigate and control the spread of diseases.

- **As Required By Law.** We may use or disclose your health information if we are required by law to do so, or if a court orders us to do so in a lawsuit or judicial proceeding. We also will notify you of these uses and disclosures if notice is required by law.

- **Victims Of Abuse, Neglect Or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

- **National Security And Intelligence Activities Or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

2. We may share your health information with friends and family involved in your care, without your written authorization or other written permission. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

Disclosure To Friends And Family Involved In Your Care. If you do not object, we may share your health information with a family member, relative or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative, or another person responsible for your care about your location and general condition, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

3. Special Situations

- **Fundraising.** We may use demographic information about you (such as your age, gender, where you live or work, and the dates that you received services) in order to contact you for fundraising programs conducted by us or by a contracted fundraiser, unless you have elected not to receive them. These communications will include an

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option for you to choose not to receive further fundraising communications. If you do not want to be contacted for these fundraising efforts, please write to the Privacy Officer c/o The Arc of Ulster-Greene 471 Albany Avenue, Kingston, NY 12401.

- **Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization. If we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. See agency policy 1.03 Special Review Committee, for details.

WHAT INFORMATION IS PROTECTED

We are committed to protecting the privacy of health information we gather about you while providing services. Some examples of protected health information are:

- The fact that you are a participant at, or receiving services from, our agency;
- Information about your condition;
- Information about health care products or services you have received or may receive in the future (such as a medication or equipment); or
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);
- Especially when combined with:
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, or ethnicity);
- Unique numbers that may identify you (such as your social security number, your phone number, or your Medicaid number); and
- Other types of information that may identify who you are.

Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your information, certain disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your information. For example, during the course of a treatment session, other individuals in the treatment area may see, or overhear discussion of your information.

USES AND DISCLOSURES THAT REQUIRE WRITTEN AUTHORIZATION

In certain situations, we must obtain a written authorization from you or your authorized representative prior to using or disclosing your protected health information.

Generally, written authorization is required to allow disclosure of psychotherapy notes, marketing communications,

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and sale of protected health information, except as permitted by 45CFR164.508 (a)(2)- (a) (4).

Other uses, not specified in this notice would also require a written authorization.

WHAT RIGHTS DO YOU HAVE

How To Access Your Health Information. You generally have the right to inspect and copy your health information. You have the right to obtain an electronic copy of your health information, if that information is maintained electronically. For more information, See (1) under the section below titled "Your Rights".

How To Correct Your Health Information. You have the right to request that we amend your health information if you believe it is inaccurate or incomplete. For more information, See (2) under the section below titled "Your Rights"

How To Keep Track Of The Ways Your Health Information Has Been Shared With Others. You have the right to receive a list from us, called an "accounting list," which provides information about when and how we have disclosed health information about you to outside persons or organizations. Many routine disclosures we make will not be included on this accounting list, but the accounting list will identify non-routine disclosures of your information. For more information, See (3) under the section below titled "Your Rights".

How To Request Additional Privacy Protections. You have the right to restrict disclosures of protected health information to health plans when disclosure is for purposes of payment or services or items, and isn't otherwise required by law, if those services or items were paid in full by you or another person on your behalf, and were not paid for by the health plan. You have the right to request further restrictions on the way we use health information about you or share it with others. We are not required to agree to all restrictions you request, but if we do, we will be bound by our agreement. For more information, See (4) under the section below titled "Your Rights".

How To Request More Confidential Communications. You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work. We will try to accommodate all reasonable requests. For more information, See (5) under the section below titled "Your Rights".

How Someone May Act On Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf

How To Learn About Special Protections For HIV, Alcohol and Substance Abuse and Genetic Information.

There are higher standards for privacy protections of HIV-related information, alcohol and substance abuse treatment information, psychotherapy notes, and genetic information. Some parts of this general Notice of Privacy Practices may

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not apply to these types of information. For additional information about these protections, Please contact the Privacy Officer at (845) 331-4300 if you want additional information regarding these special protections.

How To Obtain A Copy Of This Notice. You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call the Privacy Officer at (845) 331-4300, x275. You may also obtain a copy of this notice from our website at www.TheArcUG.org or by requesting a copy at your next visit.

How To Obtain A Copy Of Revised Notice. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information, and we will be required by law to abide by its terms. We will post any revised notice in our agency reception area. You will also be able to obtain your own copy of the revised notice by accessing our website at www.TheArcUG.org, or by calling our office at (845) 331-4300 or asking for one at the time of your next visit. The effective date of the notice will always be noted on the first page.

How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the Privacy Officer, The Arc of Ulster-Greene, 471 Albany Avenue, Kingston, NY 12401, (845) 331 -4300, x275. No one will retaliate or take action against you for filing a complaint.

HOW YOU CAN EXERCISE YOUR RIGHTS TO ACCESS AND CONTROL OF YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your health matters.

1. Right To Inspect And Copy Records

You have the right to inspect and obtain a copy of any health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. You have the right to obtain an electronic copy of records that are maintained electronically. This includes medical and billing records. To inspect or obtain a copy of your clinical information, please submit your request in writing the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you. In addition, if we maintain electronic health records you have the right to obtain an electronic copy of your records and you may, by written request, have us send your record electronically directly to another party. We may only charge you the labor cost for this service.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility. If we need additional time to respond to a request for

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copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. **Right To Request Amendment of Records**

If you believe that the 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 in our records. To request an amendment, please write to the Privacy Officer. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or your entire request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. **Right To An Accounting Of Disclosures**

You have a right to request an "accounting of disclosures" which is a list that contains certain information about how we have shared your information with others. An accounting list, however, will not include any information about:

- Disclosures we made to you;
- Disclosures we made pursuant to your authorization;
- Disclosures we made for treatment, payment or health care operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures that were incidental to permissible uses and disclosures of your clinical information;
- Disclosures for purposes of research, public health or our normal business operations of limited portions of your health information that do not directly identify you;

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- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made over 6 years ago.

To request this accounting list, please write to the Privacy Officer. Your request must state a time period within the past six years for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2011 and January 1, 2012. You have a right to receive one accounting list within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting list in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 30 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

4. **Right To Request Additional Privacy Protections**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our agency's normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to the Privacy Officer. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to all your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. **Right To Request Confidential Communications**

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicated with you by alternative means or at alternative locations. For example, you may ask that we contact you by fax instead of by mail, or at work instead of at home. To request more confidential communications, please write to the Privacy Officer. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

6. **Right to Notice of Breach**

You have the right to be notified following a breach of your unsecured health information.

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The Arc of Ulster-Greene

PRIVACY NOTICE ACKNOWLEDGEMENT

REGARDING PRIVACY PRACTICES REVISED On May 25, 2016

By signing below, I acknowledge that I have been provided a copy of The Arc of Ulster-Greene Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by The Arc of Ulster-Greene and how I may obtain access to this information.

Signature of Individual or Personal Representative

Print Name of Individual or Personal Representative

Date

Description of Personal Representative's Authority

Print Name of Staff Person Witnessing Individual's
Signature (if applicable)

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