



## **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**

### **OUR COMMITMENT TO YOUR PRIVACY**

**The privacy of your medical information is important to us.** Family & Children's Service of Ithaca is required by law to maintain the privacy of your health information. We believe that maintaining the confidentiality of your records is an important duty, and every staff member in every department of the agency signs an agreement to protect this information from unauthorized disclosures.

We are also required by law to give you information of our legal duties and privacy practices related to your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information. "Protected health information" or PHI, is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**This notice takes effect on October 30, 2017.**

### **OUR LEGAL DUTY**

Family & Children's Service of Ithaca, Inc. is required by applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, as well as, NY State Mental Hygiene law to maintain the privacy of your PHI. We are required by law to provide you notice of a breach involving your PHI. We are also required to give you this notice of our privacy practices, our legal duties, and your rights concerning PHI.

We must abide by the terms and conditions of the Notice that is currently in effect, but we reserve the right to change our privacy practices and this Notice and to make the new Notice of Privacy Practices effective for all PHI that we already maintain as well as any information we receive in the future. If we make a significant change in our privacy practices, we will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the contact information at the end of this notice.

**Uses and Disclosures of Nonpublic Personal Information:** Nonpublic Personal Information is information you give us when you become a client of this agency. Examples of this information are your name, address, type of health care benefits, payment amounts, etc. We will not give out your nonpublic personal information to anyone unless we are permitted to do so by law, as further described below, or have received a signed authorization form from you.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

Your protected health information may be used and disclosed by our clinical staff, our office staff and others who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the agency.

The following categories describe different purposes for which we might use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may disclose PHI to treat you, or to coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we may ask you to undergo laboratory tests and to use the results to help us reach a diagnosis. Our staff may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your physician or others for whom you have given us permission.

**Payment:** Our agency may use and disclose your PHI in order to bill and collect payment for the services you may receive from us. For example, we will contact your health insurer to certify that you are eligible for benefits, and for what range of benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may use and disclose PHI to collect payments from you or your insurance company or other third party payers, such as family members, who might be responsible for such costs. We may also use your PHI to bill you directly for services. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**Healthcare Operations:** We may use and disclose PHI for purposes of performing our healthcare operations. Our healthcare operations include using PHI to determine the cost of services we offer, to conduct quality assessment and improvement activities, to engage in care coordination or case management, or to determine eligibility for benefits. For example, we may also use or disclose PHI when working with oversight agencies which monitor and evaluate the quality of the services we offer.

**To You:** We must disclose your PHI to you, as described in the Individual Rights section of this notice below. We may also use and disclose PHI to tell you about recommended possible treatment options or alternatives.

**For Appointment Reminders:** In the course of providing treatment to you, our agency may use your PHI to contact you and remind you of scheduled appointments.

**Release of Information to Family/Friends:** With your consent, our agency may release your PHI to a friend or family member that is helping you pay for your health care, or who assists in taking care of you. In a medical emergency, when you cannot give consent to such disclosure, we will disclose the minimum amount necessary. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**To Our Business Associates:** A business associate is defined as a person or company who requires access to PHI in order to assist us in managing our business, such as a professional who reviews the quality of our services. These business associates are required to sign a confidentiality agreement with us that limits their use or disclosure of any PHI they receive.

**Research:** We may use or disclose PHI for research purposes in limited circumstances without your written authorization. For example, a research project may involve comparing the health of all clients who received one treatment to those who received another. All research projects are required to obtain special approval from state and/or federal review boards, which may permit use of your information without your written authorization. Otherwise, we will obtain your written consent for participation in a research project.

### **Permitted and Required Uses and Disclosures That May Be Made Without Your Consent**

**Required by Law:** We may use or disclose your protected health information when such use or disclosure is required by law. Several examples are given in the following sections.

**Mandated Reporter:** Our staff members are mandated to file a report when they are presented with reasonable cause to suspect Abuse, Neglect, or Maltreatment. Some of the agencies to which we may be required to report include: NY State Office of Children and Family Services (Child Abuse and Neglect,) NY State Justice Center for the Protection of People with Special Needs (Abuse or Neglect of a client by service providers,) and NY State Adult Protective Services (elders /other adults.)

**Deceased Patients:** We may release PHI to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release PHI about deceased clients to funeral directors to carry out their duties. We may disclose PHI regarding deceased patients as mandated by state law or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies:** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will make every attempt to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**Public Health and Safety:** We may disclose PHI to public health or legal authorities charged with preventing or controlling disease or to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose PHI to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes such as communicable disease or abuse and neglect reporting.

**Process and Proceedings:** We may disclose PHI in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose PHI to law enforcement officials.

**Military and National Security:** Under certain circumstances, we may be required to disclose to the appropriate military command authorities the PHI of U.S. and foreign armed forces personnel. We may use or disclose the PHI of veterans for the purpose of a determination of eligibility for certain benefits. We may disclose to authorized federal officials any medical information required for lawful intelligence, counterintelligence and other national security activities. We may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with worker's compensation laws and similar programs.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, accreditation, investigations, inspections, and licensure.

## **Your Individual Rights**

**Access:** You have the right to inspect and/or receive a copy of your PHI, with limited exceptions. In certain circumstances, a decision to deny access may be reviewable. You may make a written request to inspect or copy your PHI. You can request either a printed or electronic copy of your record. If requesting an electronic copy, we will provide it in the format you request, unless doing so would place an undue cost or security risk on us as an organization. We may charge you a reasonable, cost based fee for each copy, plus postage if the copies are mailed to you. You may also request that a copy of your PHI be provided to another person.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI. The list will not include disclosures we made for the purpose of treatment, payment, healthcare operations, or disclosures made with your authorization. Your requested list of disclosures may not exceed a six-year time period. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your PHI, a description of the PHI we disclosed, and the reason for the disclosure. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Your request must be in writing, and must specify how you want the list (for example, on paper, or electronically).

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI for treatment, payment, and health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, such as a spouse, or for notification purposes as described in this notice. Your request to us should be in writing.

Our agency is not required to agree to your request, unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket, in full. If we disagree, we will notify you in writing. If we do agree, we will comply with your request only until we receive written notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations).

Any request for a restriction on our use and disclosure of your PHI must be made in writing. Your request must describe in a clear and concise manner (a) the information you wish restricted; (b) whether you are requesting to limit the agency use or disclosure, or both; and (c) to whom you want the restrictions to apply.

**Confidential Communication:** You have the right to request that the agency communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing.

**Amendment:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. Your request must be in writing, and it must explain why the information should be amended. We may deny your request. The following are some examples of reasons why we might deny the request: if we did not create the information you want amended, or if we determine the information is accurate. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment, and to include the changes in any future disclosures of that information. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be attached to the information you wanted amended. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

**Right to a Paper Copy of this Notice:** You are entitled to receive a copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

**Right to Provide an Authorization for Other Uses and Disclosures:** Our agency will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. We will only make the following uses and disclosures with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of protected health information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures of health information not covered by this Notice, or the laws that apply to us.

Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked, by you at any time in writing. You should make your request to the agency's Privacy Officer at the address below. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization, except under the following circumstances:

- We have taken action in reliance upon your authorization before we received your written revocation
- You were required to give us your authorization as a condition of obtaining treatment.

We are required to retain records of your care.

### **Questions and Complaints**

If you want more information about our privacy practices, or have questions or concerns, please contact us using the contact information at the end of this notice.

If you are concerned that we may have violated your privacy rights as described above, or if you disagree with a decision we have made about access to your PHI or with our response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate confidentially with you at an alternative location, you may submit a complaint to the Privacy Officer at the address listed at the end of this notice. All complaints must be submitted in writing. You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

For privacy complaints and other questions related to this notice, please contact:

Ray Durkin, Privacy Officer  
Family & Children's Service of Ithaca, Inc.  
127 West State St.  
Ithaca, NY 14850  
Phone: (607)273-7494  
Fax: (607) 273-7484  
Email: [rdurkin@fcsith.org](mailto:rdurkin@fcsith.org)

### **We will not retaliate against you for filing a complaint.**

#### **Discrimination is Against the Law**

Family & Children's Service of Ithaca, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, creed, color, national origin, ancestry, age, marital status, disability, marital status, sexual orientation, gender, gender identity or expression. We do not exclude people or treat them differently because of race, creed, color, national origin, ancestry, age, marital status, disability, marital status, sexual orientation, gender, gender identity or expression.

We take reasonable steps to provide:

- Services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as: qualified interpreters; information written in other languages

If you need these services, contact the Intake Department.

If you believe that Family & Children's Service of Ithaca, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with any of the following individuals: \*Dr. Karen Schachere, LCSW, PHD - Director of Clinical Services, Diana Levy, LMSW - Associate Director of Clinical Services, David Shapiro, MPA - President/CEO, Tammy Wheeler - Manager of Administrative Operations

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please contact the Privacy Officer.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 315.792.9039.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 315.792.9039

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 315.792.9039.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 315.792.9039.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 315.792.9039 번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 315.792.9039.

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 315.792.9039  
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 315.792.9039

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 315.792.9039

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 315.792.9039)

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 315.792.9039.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 315.792.9039

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 315.792.9039

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 315.792.9039.

**KUIJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 315.792.9039.