



## Notice of Privacy Practices

*Effective Date: April 14, 2003*

*Updated: August 23, 2013; January 2019*

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.

We are required by law to protect the privacy of 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 staff and affiliated health care providers that jointly provide health care services with our agency programs. We are also required to notify you following a breach of unsecured health information. A copy of our current Notice of Privacy Practices will always be posted in our reception area. You or your personal representative may also obtain a copy of this notice by requesting a copy from our program staff.

*If you have any questions about this notice or would like further information, please contact the South Shore Association for Independent Living's (SAIL) Privacy Officer/Compliance Officer at (516) 855-1800.*

### WHO WILL FOLLOW THIS NOTICE?

SAIL provides health care, and other services, to recipients jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

- ❖ Any health care professional or other treatment provider who treats you at any of our locations;
- ❖ All employees, health care professionals, trainees, students or volunteers at any of our locations;
- ❖ All employees, health care professionals, trainees, students or volunteers at other mental health programs, hospitals or other entities that may be a part of an organized health care arrangement with SAIL;
- ❖ Any business associates of our agency and/or vendors of that business associate.

### DISCLOSING INFORMATION

**Agency Informed Consent:** Upon admission into SAIL, we will notify you and attempt to obtain your general written informed consent one time which will explain briefly who we will use and disclose your health information to treat or care for your condition, collect payment for that treatment or care, and/or run our business operations. This informed consent will expire upon your discharge from SAIL.

We are permitted by law to disclose your health information to another health care provider or payor for its treatment or payment activities or for certain aspects of its business operations so long as the minimum necessary information is disclosed and the information is pertinent to your continued treatment and services provided. Individuals outside of this exception we will be required to have written authorization to do such as described above.

**Authorization for Release of Information:** A written "authorization for release of information" will provide you with detailed information about the persons who may receive your health information and the purposes for which your health information may be used or disclosed. A written authorization is required for all individuals who are not involved

in your current and/or past treatment or care. Authorizations are generally required for individuals not involved in your current treatment such as but are not limited to friends, family members, roommates, spouses, and businesses.

We are only permitted to use and disclose your health information as defined by current law which is described further within this notice. The written authorization in ways that are explained on the written authorization form you have signed. Separate authorizations will be required in the event that the information is psychotherapy notes and/or HIV related information.

Any written authorization for release of information will have a yearly expiration date. SAIL is required to obtain this from you in order to disclose information to individuals outside of your current treatment team and/or related providers, including any use or disclosure, with certain exceptions, of psychotherapy notes, for marketing purposes or involving the sale of your protected health information. Except as described in this Notice, uses and disclosures will be made with your written authorization. We must obtain this the first time we provide you with treatment or care and when necessary.

If you provide us with written authorization, you may revoke or modify that written authorization at any time, except to the extent that we have already relied upon it. To revoke or modify an authorization, please write to the Privacy Officer, c/o SAIL, 1976 Grand Avenue, Baldwin, N.Y. 11510.

## WHAT INFORMATION IS PROTECTED

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

- ❖ information indicating that you are a resident at a SAIL residential program or receiving treatment or other health-related services from one of our residential programs or ACT program;
- ❖ information about your health condition (such as a psychiatric diagnosis you may have received);
- ❖ information about health care products or services you have received or may receive in the future;
- ❖ information about rehabilitation or other counseling that you may be receiving;
- ❖ information about benefits you may receive under Medicaid; or Medicare
- ❖ information about your health care benefits under an insurance plan
- ❖ demographic information (such as your name, address, or insurance status);
- ❖ unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number or Medical Record Number); and
- ❖ other types of information that may identify who you are.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**Minimum Necessary Rule:** There is a "minimum necessary" rule and certain restrictions of transmittable information which is governed by both State and Federal Law. This rule limits the amount of information distributed by all covered entities that is necessary for proper operations to take place for various purposes. SAIL and its Business Associates will adhere to this minimum necessary rule when releasing, disclosing, and transmitting information outside of those individuals to whom you expressly authorize. A current listing of minimum necessary information is maintained and regulated by the government.

**Treatment, Payment & Healthcare Operations.** We may share your health information with counselors and other treatment providers at SAIL and/or outside of SAIL programs who are involved in taking care of you, and providing services and they may in turn use that information to diagnose or treat you. A treatment provider at any SAIL program may share your health information with another treatment provider within our programs, or with a treatment provider at another health care facility or program, to determine how to properly diagnose and/or treat you. Your treatment provider may also share your health information with another treatment provider to whom you have been referred for further

health care. Your treatment information may also be disclosed in emergency circumstances or shared with other providers who you list (outside of SAIL) to assure that proper medical care and treatment is occurring.

**Payment & Billing.** We may use your health information or share it with others so that we may obtain payment for your health care services, however, you do have the right to restrict this type of information for purposes other than treatment related and strictly for billing and payment only. Finally, we may share your information with other providers and payors for their payment activities.

**Business Operations.** We may use your health information or share it with others in order to conduct our business operations. We may share your health information with other health care providers and payors for certain aspects of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information. All business associates must adhere to the same regulations and provide dependable restrictions policies and protection of your PHI similar to or the same as SAIL.

**Treatment Alternatives, Benefits And Services.** In the course of providing treatment to you, we may use your health information to contact you in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

**Fundraising.** To support our business operations, we may use demographic information about you, including information about your age and gender, when deciding whether to contact you or your personal representative to raise money to help us operate. Such related information may be used to contact you for fundraising or similar purposes. You have a right to opt out of receiving such communications. To restrict this information, please contact the Privacy Officer.

**Business Associates.** We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from Medicaid or your insurance company. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

**Facility Directory.** If SAIL establishes a Facility Directory, and you do not object and provide authorization, we may include your name, your location in our facility and your religious affiliation in our Facility Directory. While you are a participant in a SAIL program, this directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name.

**Family and Friends Involved In Your Care.** Your authorization is needed unless an emergency circumstance exists. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition here at the residential program, or about the unfortunate event of your death. In some cases, we may need to disclose your information with a disaster relief organization that will help us notify these persons.

**Information that is De-Identified.** We may use or disclose your health information if we have removed any information that might identify you so that the health information is "completely de-identified." We may also use and disclose "de-identified" information if the person who will receive the information agrees in writing to protect the privacy of the information. For more information, see specific pages within this notice. Specific identifiable factors can be found under current HIPAA regulations.

**Electronic Information.** Any agency or vendor acting on behalf of SAIL or under contracted services of a SAIL Business Associate and who engages in electronic storage and/or transmission of your information is required to maintain privacy and protection standards set forth by State and Federal Law. Information may be included in a database and accessible

by only those individuals who need to know for your treatment and or billing/payment information. This access is limited by SAIL and can be revoked or permitted by SAIL upon normal business practices.

**Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you. If this happens, we will try to obtain your authorization as soon as we reasonably can after we treat you. *We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your general written authorization before using or disclosing your information for these reasons.*

**Communication Barriers.** We may use and disclose your health information if we are unable to obtain your authorization because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

**As Required by Law.** We may use or disclose your health information if we are required by law to do so. We will notify you of these uses and disclosures if notice is required by law.

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so.

**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 such 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.

**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.

**Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- ❖ To comply with court orders or laws that we are required to follow;
- ❖ To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- ❖ If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your general written authorization because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- ❖ If we suspect that your death resulted from criminal conduct; or
- ❖ If necessary to report a crime that occurred on our property.

**To Avert a Serious And Imminent Threat To Health Or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**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.

**Incarceration and Correctional Institutions.** If you later become incarcerated at a correctional institution or 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.

**Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

**Coroners, Medical Examiners and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** In the unfortunate 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 possible under applicable laws.

**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 written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

### **Incidental Disclosures/Breach of PHI**

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. You will be notified within the legal time frame allowed of any disclosures that occur or breach of information that occurs by either SAIL or the Business Associate that enters into agreements with SAIL. This information will be sent to you and/or attempted to be sent to you in written format within sixty (60) days of the finding and include the details of the disclosure. Notification, by law, will also be made to the Health and Human Services Department as required. Certain circumstances involving the safety and ongoing care of an individual may preclude the disclosure of this type of breach of information to you. Each circumstance such as this will have to be evaluated and decided on an individual basis and will be handled in a timely and appropriate manner.

## ACCESSING YOUR RECORDS

**How to Access Your Health Information.** You generally have the right to inspect and copy your health information. For more information, see specific pages within this notice.

**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.

**How to Identify Others Who Have Received Your Health Information.** You have the right to receive an “accounting of disclosures” which identifies certain persons or organizations to whom we have disclosed your health information in accordance with the protections described in this Notice of Privacy Practices. This accounting will identify any non-routine disclosures of your information.

**How to Request Additional Privacy Protections.** SAIL staff will continue to practice obtaining Individual Authorizations from you, for disclosures that occur while you are a participant in a SAIL program. You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

**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. We will try to accommodate all reasonable requests.

**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 and Genetic Information.** Special privacy protections apply to HIV-related information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices, please contact the SAIL Privacy Officer at (516) 855-1800.

**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 (516) 855-1800. You or your personal representative may also obtain a copy of this notice by requesting a copy from our agency program staff.

**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. We will post any revised notice in the SAIL main office reception area. You or your personal representative will also be able to obtain your own copy of the revised notice by requesting a copy from our program staff. The effective date of the notice will always be noted in the top right corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

**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 (HHS). To file a complaint with HHS, you may contact them at 200 Independence Avenue, SW, Washington, D.C. 20201, or at 1-877-696-6775. In addition, the Federal Center for Deaf and Hearing Impaired can be contacted at 1-800-877-8339. To file a complaint with us, please contact the Privacy Officer c/o SAIL 1976 Grand Avenue, Baldwin, N.Y. 11510 or call at (516) 855-1800. *No one will retaliate or take action against you for filing a complaint.*

## YOUR RIGHTS TO ACCESS AND CONTROL 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 medical matters.*

### **Right To Inspect And Copy Records**

You have the right to inspect and obtain a copy of any of your 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. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request, in writing, to SAIL's Privacy Officer. All disclosures of information will be recorded in order to comply with regulations and to maintain when/if your records were accessed.

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. At SAIL we have agreed to charge below the standard allowance and only charge those requesting copies of records, \$0.50 per page. This must generally be paid before or at the time we give the copies to you. We will respond to your request for inspection of records within ten (10) days. We ordinarily will respond to requests for copies within thirty (30) days. If we need additional time to respond to a request for 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.

You also have the right to any electronically stored or transferred protected health information. This information can be sent via the methods described above. Electronically stored information can also be sent electronically per your request, however, some electronic systems may not be capable of performing this function. SAIL will make every attempt to send, access, and only charge for the labor of production for any information that is requested by you.

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.

### **Right To Amend 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 SAIL's 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 all of your 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.

## **Right To An Accounting Of Disclosures**

You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared within and between SAIL programs, as long as all other protections described in this Notice of Privacy Practices have been followed.

An accounting of disclosures also does include but is not limited to information about the following disclosures:

- ❖ Disclosures we made to you or your personal representative;
- ❖ Disclosures we made pursuant to your written authorization;
- ❖ Disclosures made from our facility directory;
- ❖ Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another resident passing by);
- ❖ Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- ❖ Disclosures made to federal officials for national security and intelligence activities;
- ❖ Disclosures about inmates to correctional institutions or law enforcement officers; or
- ❖ Disclosures which may have included a breach of information

To request an accounting of disclosures, please write to SAIL’s Privacy Officer. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. You have a right to receive one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting 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 within thirty (30) days. If we need additional time to prepare the accounting 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. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

## **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 provide you with treatment or care, collect payment for that treatment or care, or run our 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 SAIL’s 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 generally not required to agree to your request for a restriction, except we must agree to your request to restrict the information we provide to your health plan if the disclosure is not required by law and the information relates to health care being paid in full by someone other than the health plan, 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.



### **Right To Request Confidential Communications**

You have the right to request that we communicate with you or your personal representative about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. To request more confidential communications, please write to S.A.I.L.'s 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 you, or your personal representative, wish to be contacted, and how payment for your health care will be handled if we communicate with your personal representative through this alternative method or location.