



Community Services

FOR EVERY1

Notice of Privacy Practices

Effective July 1, 2013

We are required by law to maintain the privacy of your Protected Health Information (PHI), to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information.

PHI is information about you, including demographic information (i.e. name, address, phone, etc.), that may identify you or relate to your past, present or future physical or mental health or condition and related health care services.

Our Pledge to You

At Community Services for Every1, we understand that information about you is personal.

We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice summarizes our duties and your rights concerning your information and applies to all of the records of your care that we maintain.

We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information. We will not sell your medical or personal information for direct or indirect payment without your authorization.

If you or anyone who is assisting you have any questions about this Notice or Community Services' Privacy Practices please contact:

Community Services for Every1
Director of Quality Management
Chief Privacy Officer
180 Oak St.
Buffalo, NY 14203
(716) 883-8888 ext. 137

Who will follow this Notice?

The information privacy practices in this Notice will be followed by:

- All staff or volunteers of our organization, including committee members, board members, and affiliated organizations with whom we may share information as permitted within our agency.

- Any Business Associate, Business Associate sub-contractor or partner of our agency with whom we share health information.

Uses and Disclosures of Protected Health Information

The following is a description of how we are most likely to use and/or disclose your PHI. For each category of possible uses and disclosures we will explain what we mean and give some examples. Not every possible use or disclosure is listed, but the ways that we might use or disclose your PHI will fall within one of the categories.

Treatment

Your PHI will be used or disclosed to provide, coordinate, or manage your health care and any related services. We may disclose your health care information to doctors, nurses, technicians, counselors, and other service providers who are listed on your ISP (Individual Service Plan) and are involved in taking care of you.

We also may disclose medical information about you to people who may be involved in your medical care such as a rehabilitation centers, home care agency, lab, hospital, or pharmacy.

In addition, if you designate a close family member as someone who you want to be involved in your care and treatment then we may also provide your information to them.

Examples:

- If you reside in one of our residential facilities, but receive day habilitation services at another agency we will share with that agency the information that they need in order to provide those services to you.
- If you have to go to the hospital we will provide the hospital with you medication records and any other records that they need in order to treat you.
- If you are receiving medication we will provide your information to the pharmacy.
- If you have a family member who is involved in your care we may provide him or her information regarding medical appointments.

Payment

Your PHI will be used or disclosed to obtain payment for the services you receive at the Agency. This includes, but is not limited to, providing PHI to a third party, an insurance company, Medicare, Medicaid or other government agency so that we can bill.

Examples:

- In order for the Agency to get paid for the services you receive you need to be determined eligible for services through the Office for People with Developmental Disabilities (OPWDD). OPWDD will require information such as a physical and psychological exam in order to determine if you are eligible for services.
- In order for us to get paid by Medicaid we will need to provide the NYS Department of Health (Medicaid) information about the services you received.
- In order to determine your eligibility for coverage or your ability to pay for services we may disclose information to US Social Security Administration or the Department of Health.

Healthcare Operations

Your PHI will be used or disclosed in order to support the business activities of the agency. These activities include, but are not limited to quality assurance and improvement activities, employee performance activities, care and treatment reviews, and training of employees or volunteers. We may also use or disclose PHI to conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs. In addition, we may use or disclose your PHI with outside organizations that evaluate, certify, license or accredit the agency or program.

- In order to evaluate the quality of care agency staff may need to review your clinical record to determine if you are receiving adequate care and treatment.
- In order to ensure the agency is providing adequate care and services OPWDD conducts periodic reviews of programs. We will share with OPWDD staff your clinical records during these reviews.
- In order to ensure the agency is protecting your rights and providing adequate care and treatment there may be times when a committee will need to review a plan or report that has your PHI in it.

We may also use a sign-in sheet at the receptionist desk where you will be asked to sign your name. We may call you by name in the waiting room and we may use or disclose your PHI to contact you to remind you of an appointment.

Business Associates

Your PHI will be used or disclosed to a third party “Business Associates” that perform various activities (e.g. legal, clinical, insurance, accounting services) for the agency. Whenever an arrangement between our agency and a Business Associate involves the use or disclosure of your PHI, we will have a written agreement with that Business Associate that outlines terms that protect the privacy of your PHI.

Examples:

- If you were involved in an accident on agency property we may have to share your information with our insurance company.
- If you are need of mental health services we may provide your information to our Psychiatrist that we contract with to provide that service.

Fundraising and Marketing

Your PHI may be used and disclosed to support the agency. We may use demographic information about you, including information about your age and gender, where you live, and the dates that you received services, in order to contact you to help with our Fundraising activities. We may also share this information with Community Services Support Foundation who may contact you to on our behalf.

We may also use or disclose your protected health information for marketing activities. For example, your name and contact information may be used to send you a newsletter about our agency and the services we offer.

If you are not interested in receiving fundraising or marketing communications you must notify the privacy officer (see contact information above.)

Required by Law

Your PHI will be used and disclosed whenever we are required by law to do so. We will only disclose information about you in the following circumstances when we are permitted to do so by law:

- **Threat to health or safety:** We may use or disclose your PHI if we believe it is necessary to prevent or lessen a serious threat to health or safety.

- **Public health activities:** We may use or disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability, reporting births and deaths, and reporting reactions to medications or problems with products.
- **Abuse or Neglect:** We may use or disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose their PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Legal Proceedings:** We may use or disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may use or disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, i.e. missing person, 3) as pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the agency, and (6) medical emergency (not on the agency's premises) when it is likely that a crime has occurred.
- **Government Agencies:** We may use or disclose your PHI to government agencies that administer public benefits to coordinator the covered functions of the program.
- **Coroners, Funeral Directors, and Organ Donation:** We may use or disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye or tissue donation purposes.
- **Criminal Activity:** We may use or disclose your PHI, consistent with applicable federal and state laws, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Workers' Compensation:** We may use or disclose your PHI as authorized in order to comply with workers' compensation laws and other similar legally-established programs.
- **Inmates:** We may use or disclose your PHI information if you are an inmate of a correctional facility and it is necessary for the provision of health care, to protect your health and safety or that of others, or for the safety of the correctional institution.
- **Emergencies:** We may use or disclose your PHI in an emergency treatment situation.
- **Research:** We may use or disclose your PHI to researchers when an institutional review board has approved the disclosure based on adequate safeguards to ensure the privacy of your health information and as otherwise allowed by law.
- **Organ and Tissue Donation.** We may use or disclose your PHI if you are an organ donor. We may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veterans.** We may use or disclose your PHI if you are or were a member of the armed forces. We may release medical information about you to military command authorities as authorized or required by law.

Your Rights

Subject to certain exceptions, HIPAA establishes the following rights with respect to PHI:

- **Right to Receive a Copy of this Notice of Privacy Practices.** You have a right to receive a copy of this Notice of Privacy Practices at any time by contacting your worker or the Privacy Officer. This Notice will also be posted on our website at www.csevery1.com.
- **Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your PHI. If you request a copy of the information, we may charge a fee for these services. You have the right to access and receive your PHI in an electronic format if it is readily producible in such format. We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.
- **Right to Request an Amendment.** If you feel that the PHI 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 was created and maintained by us. The amendment request must be in writing, signed by you or your authorized representative and must state the reasons for the amendment request.
- **Right to an Accounting of Disclosures.** You have the right to receive a list of the disclosures we have made of PHI about you that were for purposes other than treatment, payment, healthcare operations and certain other purposes, or disclosures made with your written authorization. Requests must be made in writing and signed by you or your authorized representative.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request regarding restrictions on disclosure with the following exception: if you pay for a service yourself in full and out of pocket, you may request that we not share PHI only to that service with your health plan for the purposes of carrying out payment or healthcare operations. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your PHI at an alternative address or by an alternative means. We will accommodate reasonable requests.

Information Breach Notification

Community Services for Every1 is required to provide you notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

Complaints

You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

If you are not satisfied that your concerns about confidentiality have been addressed by us, you may address your complaint to: Secretary Health and Human Services, U.S. Dept. HSS, 200 Independence Ave, SW, Washington D.C. 20201, phone (877) 696-6775 or The Federal Office for Civil Rights, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, D.C. 20201, phone (866) 627-7748

Effective Date and Changes

This Notice of Privacy Practices is effective July 1, 2013, based on a revision of privacy practices originally implemented July 1, 2003. We must follow the privacy practices described in this Notice. However, reserve the right to change its privacy practices described in this Notice at any time, and to apply these changes retroactively. Changes to our privacy practices would apply to all health information we maintain. We will post any revisions to this notice on the Agency website at www.csevery.com and in our facilities. In addition, we will offer a copy of the revised notice to you at your next service planning meeting.