



HeartShare Human Services of New York

HIPAA Privacy Notice

SHORT PRIVACY NOTICE

This notice briefly describes HeartShare's privacy practices and the privacy rights of people we serve. A longer Privacy Notice (required by the Federal HIPAA Privacy Rule) follows.

The HIPAA Privacy Rule **DOES NOT CHANGE** the way you get services from HeartShare, or the privacy rights you have always had under local, state or federal laws. The Privacy Rule adds some details about how you can exercise your rights.

This notice became effective on April 14, 2003. If you have any questions about this notice, please contact:

Joseph B. Guarinello or Stanley Capela
Privacy Officers
HeartShare Privacy Compliance Department
12 MetroTech Center, 29th Floor
Brooklyn, NY 11201
phone (718) 422-3344
email Privacy@HeartShare.org

Our Privacy Commitment to You

At HeartShare, we are committed to protecting your privacy and sharing information about you only with those who need to know and are allowed to see the information to assure that you get quality services.

Your Clinical Information Rights

- You have a right to look at your clinical records and to get a copy. If we deny your request to see your clinical records, you may ask for a review of that denial.
- You may ask HeartShare to change or amend your clinical record if you believe it is incorrect or incomplete.
- In certain cases, you may ask for a list of the people who have received clinical information about you from HeartShare.
- You may ask HeartShare not to use or share your clinical records in some cases.
- You may ask HeartShare to communicate with you in a way that keeps your information confidential.
- You may ask for a paper copy of this notice.

How HeartShare Will Use and Disclose Clinical Information About You

HeartShare will use or share your clinical information without your consent for the following reasons:

- **Treatment:** To provide you with treatment and services. We may disclose health/clinical information about you to: doctors, nurses, psychologists, social workers, qualified mental retardation professionals (QMRPs), your service coordinator, other HeartShare personnel, volunteers, or interns who provide you with care; to other providers outside of HeartShare who provide you with services identified in your services plan or treatment record; or to other providers to obtain new services for you.
- **Payment:** To bill and collect payment from either: you, a third party, an insurance company, Medicare or Medicaid, or other government agencies.
- **Health Care Operations:** For HeartShare administrative operations, such as: for quality improvement to review our treatment and services; to obtain legal services through HeartShare's General Counsel's Office; to conduct fiscal audits; to conduct research studies; and for fraud abuse and detection.
- **Other reasons allowed by law:** Besides disclosures for treatment, payment, and health care operations, HeartShare may also use health information about you without your permission when allowed by law. Some examples are: when we are required to do so by federal or state law; for health oversight activities (including audits, investigations, surveys and inspections); for law enforcement purposes; and to prevent or lessen a serious and imminent threat to your health and safety or to someone else.

Uses and Disclosures that Require Your Agreement or Authorization

If you have no objections, HeartShare may disclose health/clinical information about you to:

- Family members and friends who are involved in your care, if the information is relevant to their involvement.

For all other types of uses and disclosures, HeartShare will use or disclose health/clinical information about you only with a written authorization signed by you.

Changes to this Notice

We may change this notice in the future. If we do, we will provide you with a copy at your request after we change the notice. We will also post the revised notice on our web site at www.heartshare.org.

Complaints

If you believe your privacy rights have been violated you can file a complaint with:

Joseph B. Guarinello or Stanley Capela
Privacy Officers
HeartShare Privacy Compliance Department

12 MetroTech Center, 29th Floor
Brooklyn, NY 11201
phone (718) 422-3344
fax (718) 858-2344
or email Privacy@HeartShare.org

The Secretary of the U.S. Dept. of Health and Human Services
200 Independence Ave., S.W.
Washington D.C. 20210
phone (877) 696-6775

The Federal Office for Civil Rights Region II
U.S. Dept. of Health & Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, NY 10278
phone (212) 264-3313
fax (212) 264-3039
TTY (212) 264-2355

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW IDENTIFIABLE MEDICAL* INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This notice is effective as of April 14, 2003. If you have any questions about this notice, please contact:

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Brooklyn, NY 11201
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email Privacy@HeartShare.org

Our Privacy Commitment to You

At HeartShare, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. This notice tells you how HeartShare uses and discloses information about you. It also describes your rights and what HeartShare's responsibilities are concerning information about you.

Who will follow this notice?

All people who work for HeartShare in our programs and our administrative offices will follow this notice. This includes employees, persons HeartShare contracts with (contractors) who are authorized to enter information in your clinical record or need to review your record to provide services to you, and volunteers and interns that HeartShare allows to assist you.

What information is protected?

All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, social security number, your medical information, your service or treatment plan, and other information (including photographs and other images) about your care in our programs is protected. In this Notice, we refer to protected information as "clinical information".

Your Clinical Information Rights

You have the following rights concerning your clinical information. When we use the word "you" in this notice we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may be your guardian, your health care proxy, or your involved parent, spouse, or adult child.

- You have a right to see or inspect your clinical information and obtain a copy. Some exceptions apply, such as psychotherapy notes, records regarding incident reports and investigations, and information compiled for use in court or administration proceedings. NOTE: HeartShare may require you to make your request for records in writing.
- If we deny your request to see your clinical information, you have the right to request a review of that denial. Professionals chosen by HeartShare who were not involved in denying your request will review the record and decide if you may have access to the record.
- You have the right to ask HeartShare to change or amend your clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if HeartShare did not create the record or, if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosures HeartShare has made of your clinical information. The list, however, does not include certain disclosures, such as those made for treatment, payment and health care operations, or disclosures made to you or made to others with your permission.
- You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, health care operations and disclosures to involved family. HeartShare, however, is not required to agree to your request.
- You have the right to request that HeartShare communicate with you in a way that will help keep your information confidential.
- You have the right to receive a paper copy of this notice. You may ask HeartShare staff to give you another copy or you may obtain one from our website at www.heartshare.org.

To request access to your clinical information or to request any of the rights listed here, you may contact:

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HeartShare Privacy Compliance Department
12 MetroTech Center, 29th Floor
Brooklyn, NY 11201
phone (718) 422-3344
fax (718) 858-2344
email Privacy@HeartShare.org

HeartShare's Responsibilities for Your Clinical Information

HeartShare is required by law to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this notice of our legal duties and practices concerning the clinical information we have about you.
- Follow the rules in this notice. HeartShare will use or share information about you only with your permission except for the reasons explained in this notice.
- Tell you if we make changes to our privacy practices in the future. If significant changes are made, HeartShare will give you a copy of the new notice as well as post it on our web site at www.heartshare.org.

How HeartShare Uses and Discloses Clinical Information

HeartShare may use and disclose clinical information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- **Treatment:** HeartShare will use your clinical information to provide you with treatment and services. We may disclose clinical information to doctors, nurses, psychologists, social workers, qualified mental retardation professionals (QMRPs), and other HeartShare personnel, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your clinical information to develop and carry out your individualized service plan (ISP) or treatment plan. Other HeartShare staff may share your clinical information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your clinical information to your service coordinator and other providers outside of HeartShare who are responsible for providing you with needed services.
- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our locations or with another service provider.

- **Payments:** HeartShare will use your clinical information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies.
- **Health Care Operations:** HeartShare will use clinical information for administrative operations. These uses and disclosures are necessary to operate HeartShare programs and residences and to make sure all persons receive appropriate, quality care. For example, we may use clinical information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to clinicians and other personnel for on-the-job training. We will share your clinical information with other HeartShare staff for the purposes of obtaining legal services through HeartShare General Counsel's Office, conducting fiscal audits, and for fraud and abuse detection and compliance through our Privacy Compliance Department. We will also share your clinical information with HeartShare staff to resolve complaints or objections to your services. We may also disclose clinical information to our business associates who need access to the information to perform administrative or professional services on our behalf.

Other Uses and Disclosures That Do Not Require Your Permission

In addition to treatment, payment and health care operations, HeartShare will use your clinical information without your permission for the following reasons:

- When we are required to do so by federal or state law.
- For public health reasons, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk or spreading the disease.
- To report domestic violence and adult abuse or neglect to government authorities if you agree or if necessary to prevent serious harm.
- For health oversight activities, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are related to the receipt of health care or receipt of government benefits in which you are the subject.
- For judicial and administrative proceedings, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose clinical information if the judge or presiding officer orders us to share the information.
- For law enforcement purposes, in response to a subpoena, or other legal process, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse.
- Upon your death, to coroners or medical examiners for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties.
- To organ procurement organizations to accomplish cadaver, eye, tissue or organ donations in compliance with state law.
- For research purposes that involve only limited portions of your clinical information and that do not directly identify you by name.

- To prevent or lessen a serious and imminent threat to your health and safety or someone else.
- To authorize federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President and other officials.
- To correctional institutions or law enforcement officials if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To government agencies that administer public benefits if necessary to coordinate the covered functions of the programs.
- In order to contact you to raise money to help us operate or to share this information with a charitable foundation that will contact you to raise money on our behalf. If you do not want to be contact for these types of fundraising efforts, please write to:

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Brooklyn, NY 11201
email Privacy@HeartShare.org

Uses and Disclosures That Require Your Agreement or Authorization

HeartShare may disclose clinical information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- To family members and personal representatives who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location; or
- To disaster relief organizations that need to notify your family about your condition and locations should a disaster occur.

Authorization Required for All Other Uses and Disclosures

For all other types of uses and disclosures not described in this Notice, HeartShare will use or disclose clinical information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for use and disclosure of psychotherapy notes.

Note: If you cannot give permission due to an emergency, HeartShare may release clinical information if HeartShare deems the release of such information to be in your best interest. We must tell you as soon as possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain clinical information that indicates the services we have provided to you.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all clinical information that HeartShare maintains. We will post the new notice with the effective date on our website at www.heartshare.org and in our facilities. In addition, we will offer you a copy of the revised notice at your next scheduled planning meeting.

Complaints

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U.S. Dept. of Health & Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, NY 10278
phone (212) 264-3313
fax (212) 264-3039
TTY (212) 264-2355

All complaints must be submitted in writing. You will not be penalized for filing a complaint.