



Notice of Privacy Practices
Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Our Commitment to You: We at Federation of Organizations understand that the information we collect about you and your health is personal. Keeping your health information confidential and secure is one of our most important responsibilities. We keep a record of the care and services you receive at this facility. We need this record to provide you with quality care and to comply with certain legal requirements. We are committed to protecting your health information and to following all state and federal laws regarding the protection of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private
- give you this notice of our privacy practices with respect to health information about you (a copy of the current Notice of Privacy Practices will always be posted in the reception area of each Federation site. You may also obtain a copy of this Notice by accessing the our website at www.fedoforg.org or requesting a copy from program staff).
- follow the terms of the notice that is currently in effect
- notify you following a breach of unsecured health information

2. How we may use and disclose health information about you: For some activities, we must have your written authorization to use or disclose your health information, including your psychotherapy notes, for marketing purposes or involving the sale of your protected health information. However, the law permits Federation of Organizations to use or disclose your health information for the following purposes without your authorization:

- For Treatment and Payment for Treatment – if an individual pays out-of-pocket for a service, the individual has the right to request PHI information related to that service not be disclosed, as long as not otherwise required by law.
- For Health Care Operations
- For Other Government Agencies Providing Benefits or Services
- When Required by Law
- In response to Lawsuits and Disputes
- For Law Enforcement, Coroners, Medical Examiners and Funeral Directors
- Organ Donation
- For National Security and Protection of the President
- For the Military
- For Health Oversight Activities
- If information is completely or partially de-identified
- Inmates and Correctional Institutions
- Emergencies

- To Avert a Serious Health or Safety Threat
- For Public Health Risks
- Disclosure to family or friends involved in your care
- Business Associates
- Product Monitoring, Repair and Recall
- Research
- National Security and Intelligence Activities or Protective Services
- Workers Compensation
- Victims of Abuse, Neglect or Domestic Violence
- If a health plan intends to use or disclose PHI for underwriting purposes, a statement that the covered entity may not use or disclose genetic information for such purposes
- Fundraising: To support Federation's 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. We may also share this information with a charitable foundation that will contact you or your personal representative to raise money on our behalf. You have a right to opt out of receiving such communications.
- The ability of a group health plan, or health insurance issuer or HMO with respect to a group health plan, to disclose PHI to the sponsor of the plan

3. I understand that photographs, videotapes and digital, or other images may be recorded to document my care, and I can consent to this. I understand that Federation of Organizations will retain the ownership rights to these photographs, videotapes, digital or images, but that I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Federation of Organizations policy. Images that identify me will be released and/or used outside the institution only upon written authorization from me or my legal representative. *Note: This consent does not authorize the use of the images for other purposes, such as teaching or publicity.* HIPAA requires client authorization for the release of protected health information (PHI), which includes client photography, *for purposes beyond* treatment, payment and health care operations.

4. Your Health Information Rights: You have the following rights regarding health information we have about you:

- RIGHT to request an opportunity to Inspect and Obtain Copies (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 we need additional time to respond to a request for copies, we will notify you in writing within 30 days from the day we receive the request to explain the reason for the delay and when you can expect to have a final answer to your request which will not be more than 60 days if the information is off site)
- RIGHT to request access to your electronic health record (Foothold's AWARDS)
- RIGHT to request an opportunity to Amend your health information
- RIGHT to receive an Accounting of Disclosures we have made
- RIGHT to request Restrictions in the Disclosure of your health information (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. 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, 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 from us to you
- RIGHT to a full and complete Paper Copy of this Notice

If you would like to exercise one or more of these rights, speak to a staff member in the program in which you are receiving services, or contact the Compliance/Quality Management Department at (631) 236-4325 ext. 3156.

If you do not object - and the situation is not an emergency - and disclosure is not otherwise prohibited by stricter laws, we are permitted to release your health information under the following circumstances:

To Individuals Involved in Your Care: We may release your health information to a family member, other relative, friend, or other person who you have identified to be involved in your health care or the payment of your health care.

To Family: We may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death.

To Disaster Relief Agencies: We may release your health information to an agency authorized by law to assist in disaster relief efforts.

5. What is NOT Covered under this Notice

- **Confidential HIV Related Information:** Under New York State Law, confidential HIV-related information (information concerning whether or not you have had an HIV-related test, or have HIV infection, HIV-related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV), cannot be disclosed except to those people you authorize in writing to have it.
- **Alcohol or Substance Abuse Treatment Information:** If you have received alcohol or substance abuse treatment from an alcohol/substance abuse program that receives funds from the United States government, federal regulations may protect your treatment records from disclosure without your written authorization.
- **Genetic Information:** If your treatment involves Genetic information, you will be provided with a separate notice explaining how this information will be protected.
- Any uses and disclosures not described in this Notice of Privacy Practices will only be made with prior authorization.

6. For More Information or to Report a Problem:

If you have any questions about this notice or if you believe your privacy rights have been violated, you may request information or file a complaint with the agencies listed below. There will be no penalty or retaliation for filing a complaint.

*The Office for Civil Rights, Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, New York 10278
(Telephone) (212) 264-3313 or 1-800-368-1019
(Fax) (212) 264-3039
(TDD) (212) 264-2355*

*Secretary of the Department of Health and Human Services (HHS)
200 Independent Avenue SW
Washington, D.C. 20201
1-(877) 696-6775*

*Federal Relay Services
1-(800) 877-8339*

To file a complaint with us, please contact:

*Diane Kyrkostas, LMSW
Corporate Compliance Officer/Director of Quality Management
3390 Route 112 Building A
Medford, NY 11763
(631) 236-4325, extension 3156*

ACKNOWLEDGEMENT AND CONSENT

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by Federation of Organizations and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information and generic information.

Signature of Person or Personal Representative

Print Name of Person or Personal Representative

Date

Description of Personal Representative's Authority

Client refuses to sign this Notice of Privacy Practices (a copy has been offered to client)

Staff Signature: _____

Date: _____