

Catholic Charities of the Roman Catholic Diocese of Syracuse, N.Y.

Oneida/Madison Counties

1408 Genesee Street, Utica, NY 13502

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.

Catholic Charities of the Roman Catholic Diocese of Syracuse, NY-Oneida/Madison Counties (**Herein referred to as Catholic Charities**) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Effective Date: This notice is effective as of April 14, 2003. If you have questions about this notice, please contact Anne Marie Storey, Privacy Officer at 1408 Genesee Street Utica, NY 13502; (315) 724-2158 ext.7009. astorey@ccharityom.org

1.Catholic Charities' Privacy Commitment to You:

The Staff of Catholic Charities understand that the information we collect about you and your family is personal. Keeping your health information confidential and secure is one of our most important responsibilities. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed (authorized) to have the information.

Who will follow this notice?

All people who work for Catholic Charities will follow this notice. This includes employees and persons we contract with (contractors) who are authorized to enter information in your record or who need to review your record in order to provide services to you. This also includes any student or member of a volunteer group we supervise and allow to assist you.

What information is protected?

Your health information is any information we create or receive about you and your past present or future: Physical or mental health or condition; Treatment or health care services and Payment for care provided. All information (including photographs or other images) that we create or collect that can identify you as an individual (your name, address, birth date, social security number, etc.) **and** relates to your health or care and treatment is **protected health information (PHI)** Catholic Charities keeps a record of the care and services you receive through this agency. We collect information from you and we keep this information in a chart and/or on a computer. This is your "record" and it may contain protected health information (PHI) about you. The record is the property of Catholic Charities, but the health information in the record belongs to you.

Catholic Charities has the responsibility to protect the privacy of your protected health information.

The Law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to protected health information (PHI) about you.
- Follow the terms of this notice that is currently in effect. We will use or disclose protected health information (PHI) about you only with your permission except for the reasons explained in this notice. We must notify you if we make changes to our privacy practices in the future. We will give you a new notice if the notice is changed. Notices will be posted on our website at: www.catholiccharitiesom.org

II. Your Health Information Rights

Note: 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 mean your guardian, involved parent, spouse, adult child or your

advocate.

You have the following rights concerning your protected health information (PHI):

Right to Inspect and Obtain Copies: You have the right to inspect (see) and obtain a copy of health information that may be used to make decision about your care and treatment. Usually this will include medical and billing records. It does not include psychotherapy notes, records regarding incident reports and investigations, and information that is needed for civil, criminal or administrative actions or proceedings. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

To inspect or obtain a copy of health information that may be used to make decisions about you, you must submit your request in writing. Ask your worker/clinician for a request form, or contact the Privacy Officer identified on page one (1) of this notice. You may request copies in paper format or in an electronic form such as a CD, portable device, or memory stick. If the requested PHI is maintained electronically and you request an electronic copy, we will provide access in an electronic form if it is readily producible, or if not, in a readable electronic form and format mutually agreed upon.

We may deny your request to see and obtain a copy of your health information in very limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by Catholic Charities, who was not involved in denying your request, will review your request and record and decide if you may have access to the record. We will comply with the outcome of the review.

Right to Amend: If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend that information. We may deny your request if you ask to amend information that (1) Was not created by us; (2) Is not part of the health information kept by us (3) Is not part of the information that you would be permitted to inspect or copy; (4) is determined to be accurate and complete. You have the right to request an amendment for as long as the information is kept by or for us. In some cases, if we deny your request to amend your health information you may be able to appeal the denial. We will give you information on how to do so if we deny your request.

To request an amendment, you must submit your request in writing. Ask your worker/clinician for a request form, or contact the Privacy Officer identified on page one (1) of this notice

Right to an Accounting of Disclosures You have the right to request a list of information releases that we have made of your health information. The list will not include disclosures (health information releases): (1) made for the purposes of providing treatment to you, obtaining payment for services or releases made for other administrative or operational purposes; (2) made for national security, (3) made to correctional and other law enforcement custodial situations, (4) made based on your written authorization, (5) made to persons who are involved in your care, or (6) made prior to April 14, 2003.

To request this list, or an accounting of disclosures, you must submit your request in writing. Ask your worker/clinician for a request form, or contact the Privacy Officer identified on page one (1) of this notice.

Right to Request Restrictions: You have the right to request a restriction of limitation on the health information we use or disclose about you for the purpose of treatment, payment or other healthcare operations. You also have the right to request that we restrict or limit health information about you that we may use or disclose to someone who is involved in your care or the payment for your care, such as a family member. For example, you could ask that we not use or disclose information about the medication you are taking to your spouse or significant other. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We must agree to your request to restrict disclosures of your PHI to a health plan if the disclosure is for the purposes of obtaining payment for your health care or other operations of our facility and is not otherwise required by law and we have been paid in full for the treatment we provided related to the PHI you have asked us not to disclose.

To request restrictions, you must submit your request in writing. Ask your worker/clinician for a request form, or contact the Privacy Officer identified on page one (1) of this notice.

Right to request Confidential Communications: You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example you can ask that we only contact you at a certain phone number or that we send mail to an address other than your home address.

To request confidential communications, you must submit your request in writing. Ask your worker/clinician for a request form, or contact the Privacy Officer identified on page one (1) of this notice.

Right to a Notification in the event of a breach of Personal Health Information: We must notify you if we have reason to believe your unsecured medical information has been compromised due to unauthorized acquisition, access, use or disclosure.

Right to a Paper Copy of this Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To obtain a paper copy of this notice, you may ask your worker/clinician, a receptionist/secretary, or you may contact the Privacy Officer identified on page one (1) of this notice.

III. How Catholic Charities may Use or Disclose Your Health Information

Catholic Charities may use and disclose your health information with out your authorization (permission) for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer examples.

Catholic Charities provides a wide range and variety of services to the people of Oneida and Madison Counties. For this reason, not all types of uses and disclosures can possibly be described in this document. We have listed some common examples of permitted uses and disclosures of your health information below:

(1)For treatment: Catholic Charities may use your health information to provide you with treatment and services and/or to coordinate treatment and services with others involved in your care/treatment.

*We may disclose health information to Catholic Charities' social workers, counselors, care managers, supervisory staff, volunteers, interns, and other Catholic Charities personnel involved in your care. For example, involved staff may discuss your health information in order to develop and carry out your service plan.

*We may disclose health information to other community providers such as doctors, nurses, therapists, psychologists, social workers, counselors, qualified health professionals, residential counselors and care managers in order to coordinate with others involved in your care. We may need to disclose this health information to those responsible with providing you with services identified in your service plan or to obtain new services for you in order to coordinate comprehensive services and to ensure that services are being provided appropriately. We may disclose the information to determine eligibility for and to coordinate services you need such as medical tests, dental care, respite care, transportation, housing, medication, food, household furnishings, and recreational activities.

*We may disclose information to other service providers as a participant in committees designed to provide county wide case planning, coordinate services and ensure a comprehensive service delivery system in Oneida County. Examples of such committees include but are not limited to:

- Adult Single Point of Accessibility/Accountability (ASPOAA)
- Residential Services Committee (Oversees residential admissions for programs certified by the Office of Mental Health in Oneida County)
- Admission Discharge Committee (Focused upon admission/discharges from Psychiatric Hospitals and admission/discharges into community mental health programs)

* We may disclose information as a participant of the Oneida County Mental Health Network, required to establish a comprehensive and integrated system of community mental health services.

(2) For Payment:

* Catholic Charities may release your health information so that we can bill and collect payment from you, a third party; an insurance company, Medicaid, Medicare, the Department of Veterans affairs or other government agencies. For example, we may need to provide NYS Department of Health (Medicaid) or a health insurance company with specific information about the services you received from us so that they will pay us for those services.

* We may also tell your health plan about treatment/services you are going to receive in order to obtain prior approval or to determine whether your plan will cover treatment.

* We may also share your health information, when appropriate, to determine if you are eligible for or to coordinate your benefits, entitlements and payments.

(3) For Other Health Care Operations:

- * Catholic Charities will use health information for administrative operations. These uses and disclosures are necessary to operate our programs and residences and to make sure that all clients receive appropriate, quality care.
- * Catholic Charities may use and release health information about you to ensure that the services and benefits provided to you are appropriate and are of high quality. For example we may use your information to evaluate 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 health information with other Catholic Charities staff for the purposes of obtaining legal services through outside attorneys, conducting fiscal audits and for fraud and abuse detection and compliance.
- * We will also share your health information with Catholic Charities staff to resolve complaints or objections to your services. We may also disclose health information to our business associates who need access to the information to perform administrative or professional services on our behalf.
- * We will also share your information with NYS Office of Mental Health (OMH) staff to resolve complaints or objections to your services. We will also share your information with our funding and regulatory oversight agencies, including, but not limited to, OMH, Justice Center for the Protection of People with Special Needs, Child Protective Services, Mental Hygiene Legal Services (MHLS), and Department of Health to report serious incidents, fraud and abuse detection, fiscal audits, and program certification and compliance.
- * Catholic Charities may use and release health information to support your care and treatment. Examples of this include appointment reminders and information about services and treatment that may be of interest to you.

In addition, Catholic Charities will use your health information with out your permission for the following reasons:

- (4) **Required by law:** As required by federal or state law, we may use and disclose your health information.
- (5) **Public health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child and adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- (6) **Health oversight activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings. These activities are necessary for government to monitor the health care system, government programs and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or the receipt of government benefits in which you are the subject.
- (7) **Judicial and administrative proceedings.** If you are involved in a lawsuit or dispute, we may release health information about you in response to a court order, subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information required.
- (8) **Law enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
- (9) **Coroners or Medical Examiners:** We may disclose your health information 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.
- (10) **Organ donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
- (11) **Research.** We may disclose your health information to researchers conducting research when you have agreed to participate in the research and the Institutional Review Board, or the Catholic Charities Privacy committee has approved the use of the health information for research purposes.

(12) **Public safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

(13) **Specialized government functions.** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President of the United States and other government officials.

(14) 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.

(15) **Worker's compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.

(16) **To keep you informed:** We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

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

To Family Members/Personal Representatives 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, if the information is relevant to their involvement and to notify them of your condition and location.

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

For fundraising purposes, we may disclose information to a charitable program that assists us in fundraising with your permission. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising.

IV. Authorization Required For All Other Uses and Disclosures

*Except as described in this Notice of Privacy Practices, Catholic Charities will disclose health information only with a written authorization signed by you. The authorization will state who may receive the information, what information is to be shared, the purpose for the use or disclosure and the expiration for the authorization. Written authorizations are always required for uses and disclosures for marketing purposes, such as agency newsletters and press releases, most uses and disclosures of psychotherapy notes, and disclosures that constitute a sale of protected health information.

*If you cannot give permission due to an emergency, Catholic Charities may release health information, if we determine that it is 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 health information for the reasons stated in your authorization. We cannot however, take back disclosures we made before you revoked your authorization. Additionally we must retain the health information that identifies the services we have provided you.

V. 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.

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 consent.

VI. Changes To This Notice Of Privacy Practices

Catholic Charities reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Catholic Charities is required by law to comply with this Notice.

Catholic Charities will post any new notice with the effective date in our facilities. In addition we will offer you a copy of the revised notice at your next scheduled appointment for services. We will also send it by mail, fax or e-mail, upon request.

We will post the new notice with the effective date on our website at <http://www.catholiccharityom.org>

VII. Complaints

Complaints about this Notice of Privacy Practices or how Catholic Charities handles your health information should be directed to: **Anne Marie Storey – Privacy Officer – 1408 Genesee Street; Utica, NY 13502 – (315) 724-2158 ext. 7009. astorey@ccharityom.org**

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Office for Civil Rights
Phone 866-627-7748 or 886-788-4989 (TTY)

Or

Department of Health and Human Services – Office for Civil Rights	
200 Independence Avenue, S.W.	Federal Center for Deaf and Hearing Impaired
Room 509F HHH Building	1-800-877-8339
Washington, DC 20201	
(877) 696-6775	

Or

US Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 332
NY, NY 10278

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

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