

# ARISE CHILD AND FAMILY SERVICE, INC.

## NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

### **OUR COMMITMENT TO YOUR PRIVACY**

ARISE Child and Family Service, Inc. ("ARISE") is dedicated to maintaining the privacy of your health information. In the course of care, we will create records regarding you and the treatment and services provided to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe the different ways in which we may use and disclose your identifiable health information on a routine basis:

- **Treatment.** Our organization may use your identifiable health information to treat you. For example, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. Many of the people who work for our organization may use or disclose your identifiable health information to others who may be involved in your care, such as your physician, therapists, spouse, children or parents.
- **Payment.** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.
- **Health Care Operations.** Our organization may use and disclose your identifiable health information to operate our business. As examples, we may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization.
- **Appointment Reminders.** Our organization may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.
- **Fund-Raising Purposes.** Our organization may use your demographic information (name, address, telephone number, type of service received from ARISE, outcome information, and/or health insurance information, etc.) to contact you in efforts to raise funds to support our operations. You have the right to opt out of receiving fundraising communications. If you do not want to be contacted for these fundraising efforts, please write to:

ARISE Child and Family Service, Inc.  
Director of Development and Public Relations  
635 James Street  
Syracuse, NY 13203

We will also tell you how to opt out of receiving any further fundraising communications in any fundraising materials that we send you if you have not already opted out.

- **Health-Related Benefits and Services.** Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
- **Release of Information to Family/Friends.** Our organization may release your identifiable health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you.

There are other, less routine situations where we may release health information based upon special circumstances. The following categories describe circumstances in which we may use or disclose your identifiable health information:

- **Public Health Risks.** Our organization may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - Notifying your employer under limited circumstances related primarily to workplace injury and illness or medical surveillance.
- **Health Oversight Activities.** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with laws, and the health care system in general.
- **Lawsuits and Similar Proceedings.** Our organization may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceedings. We may also disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Law Enforcement.** We may release your identifiable health information if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death we believe might have resulted from criminal conduct
  - Regarding criminal conduct at our premises
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

- **Serious Threats to Health or Safety.** Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- **Military.** Our organization may disclose your identifiable health information if you are a member or veteran of the U.S. military forces, when required by the appropriate military command authorities.
- **National Security.** Our organization may disclose your identifiable health information to federal official for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Inmates.** Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- **Workers' Compensation.** Our organization may release your identifiable health information for workers' compensation and similar programs.

## **YOUR PRIVACY RIGHTS**

You have the following rights regarding your identifiable health information that we maintain about you:

- **Confidential Means of Communication.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a request to

**Privacy Officer (315) 671-2967**

specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for purposes of treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals who are involved in your care or the payment for your care, such as family members and friends. If you request a restriction on disclosure of your identifiable information to a health insurer or other health plan for purposes of payment or health care operations, we are required to honor that request only if (a) the disclosure is not otherwise required by law, and (b) the information pertains only to items or services for which our organization has been paid in full by you or someone else on your behalf. We are not required to agree to your request for any other restriction on use or disclosure. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the use or disclosure of information is necessary to treat you. In order to request a restriction in our use of disclosure of your identifiable health information, you must make your request to

**Privacy Officer (315) 671-2967**

Your request must describe in a clear and concise fashion: (a) the information you wish to be restricted, (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.

- **Inspection and Copies.** You have the right to inspect and obtain a copy of your identifiable health information that our organization uses to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must make your request to the **Privacy Officer (315) 671-2967**

in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a reasonable fee for the costs of copying, mailing, labor and supplies associated with your request. Our organization may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us. You may also have a right to appeal denial to the New York State Department of Health, Medical Records Access Review Committee.

- **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made to

**Privacy Officer (315) 671-2967**

You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of your identifiable health information kept by or for the organization; (c) not part of your identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

- **Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures that our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must make your request to the **Privacy Officer (315) 671-2967**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our organization may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact

**Privacy Officer (315) 671-2967**

- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact the **Privacy Officer (315) 671-2967**. All complaints must be submitted in writing. You will not be penalized for filing a complaint. For the Department of Health and Human Resources, please write to:

Region II, Office for Civil Rights, U.S.  
Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, New York 10278

- **Right to Revoke an Authorization.** If you provide us with a written authorization for use or disclosure of your identifiable health information, you may revoke your authorization at any time in writing. To revoke an authorization, you may contact the **Privacy Officer at (315) 671-2967**. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization; however, disclosures that were made while the authorization was in effect will not be taken back.
- **Contact Information.** For any further information about matters covered by this notice, you may contact the **Privacy Officer at (315) 671-2967**.

## **OUR OBLIGATIONS UNDER THE LAW**

As a health care provider required to comply with HIPAA, our organization must:

- Maintain the privacy of protected health information and provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- Abide by the terms of the notice currently in effect.
- Notify you that we may change the terms of this notice and make the new notice provisions effective for all protected health information that we maintain, and describe how we will provide individuals with a revised notice. This notice will be available at our offices for inspection; it will be posted in a clear and prominent location where it is reasonable to expect individuals seeking service will be able to read the notice; and this notice will be posted on our website.
- Inform you how you may complain to us and to the Secretary of the Department of Health and Human Services. We have given you a brief description of how such a complaint may be filed and that you will not be retaliated against for filing such a complaint.
- Obtain your written authorization for other uses and disclosures. Our organization is required obtain your written authorization for certain uses and disclosures of your identifiable information, including: (a) most uses and disclosures of your psychotherapy notes; (b) uses or disclosures of your identifiable information for certain marketing purposes; and (c) uses or disclosures that constitute the sale of your identifiable information. Uses and disclosures of your identifiable information that are not described in this notice will be made only with your written authorization.
- Notify affected individuals if a breach of unsecured identifiable information occurs.

## **ACKNOWLEDGEMENT OF OUR PROCEDURES.**

The Federal privacy law requires that we obtain your signature as an acknowledgement that you have received this notice and that we have procedures in place to notify you of changes in our privacy practices.

- By signing our Consent/Authorization Form you acknowledge the receipt of this Privacy Notice.
- The terms of this notice apply to all records containing your identifiable health information that are created or retained by our organization. It is effective as of the date indicated below. We reserve the right to change our notice and privacy practices. Any change will be effective for all of your records which we have created or maintained in the past, and for any of our records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit. A copy will also be posted on our website.

## **EFFECTIVE DATE.**

This notice is effective as of September 18, 2013.

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

By signing below, I acknowledge that I have received the ARISE CHILD and FAMILY SERVICE, INC.'s **NOTICE OF PRIVACY PRACTICES** on the date indicated below. I understand that ARISE has procedures in place to notify me of changes in the agency's privacy practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_