

Privacy Notice

Epilepsy Society of Southern New York, Inc. **Capabilities Partnership, Inc.**

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

This notice is effective as of **April 14, 2003**. It has been updated on March 1, 2006 to include the related agency Capabilities Partnership Inc. If you have any questions about this notice, please contact the ESSNY/CPI staff person who provides you service or call the Privacy Officer at 845-627-0627.

Our Privacy Commitment to You

Both at the Epilepsy Society of Southern New York and at Capabilities Partnership (hereafter referred to as ESSNY/CPI) 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 ESSNY/CPI uses and discloses information about you. It describes your rights and what our responsibilities are concerning information about you.

Who will follow this notice:

All people who work for ESSNY/CPI in all areas including, but not limited to, residential habilitation services, vocational services, service coordination services, educational services, counseling services as well as in our administrative offices will follow this notice. This includes all employees, contractors, our Board of Directors, Professional Advisory Board, Consumer Advisory Council, and volunteers/interns who provide services to you either directly or indirectly.

What information is protected:

All information we create or keep that relates to your health care and/or treatment, including your name, address, birth date, social security number, your medical information, your individualized service plan and other information about your care in our programs will be protected.

ESSNY/CPI Responsibilities Regarding Your Health Information

ESSNY/CPI is required by law to:

- Maintain the privacy of your protected health information
- Give you this notice of our legal duties and practices concerning the health information we have about you. If you received this notice electronically, you have the right to receive a paper copy as well. You may ask an ESSNY/CPI staff member to give you a paper copy or you may call (845) 627-0627 to request one be mailed out to you.
- Follow the rules in this notice. ESSNY/CPI will use or share information about you only with your permission except for the reasons explained in this notice.

Your Health/Clinical Information Rights

You have the following rights concerning your health/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, involved parent, spouse, adult child, or your advocate.

- You generally have a right to see or inspect your health/clinical information and obtain a copy. Your request must be in writing and there may be a fee associated with copying and mailing. Some exceptions apply, such as psychotherapy notes, records regarding incident reports and investigations and information compiled for use in court or administrative proceedings. If we deny your request to see your health/clinical information, you have the right to request a review of that denial. A professional chosen by ESSNY/CPI who was 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 ESSNY/CPI to change or amend your health/clinical information that you believe is incorrect or incomplete. Your request must be in writing and must state a reason for the change. We may deny your request in some cases, for example, if the record was not created by ESSNY/CPI 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 ESSNY/CPI has made of your health/clinical information. Your request must be in writing. We will not, however, keep or provide you with a list of certain disclosures, for example, disclosures 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 further restrictions on how ESSNY/CPI uses or discloses your health information related to treatment, payment and health care operations as well as disclosures made to involved family/friends. Your request must be in writing. ESSNY/CPI, however, is not required to agree to your request.
- You have the right to request that ESSNY/CPI communicates with you in a way that will help you keep your information confidential such as by alternative means or at alternative locations. Your request must be in writing. ESSNY/CPI will accommodate all reasonable requests.

To request access to your health/clinical information or to request any of the rights listed here, you may contact the ESSNY/CPI staff person providing service to you or you may contact the Privacy Officer of ESSNY/CPI at One Blue Hill Plaza, Suite 340, Pearl River, New York 10965 or at (845) 627-0627.

How ESSNY/CPI Uses and Discloses Health Care Information

Uses and Disclosures For Treatment, Payment and Healthcare Operations

ESSNY/CPI may use and disclose health/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:** ESSNY/CPI will use your health/clinical information to provide you with treatment and services. We may disclose health/clinical information to doctors, nurses, psychologists, social workers, qualified mental retardation professionals, developmental aides, and other ESSNY/CPI personnel, contractors, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your health/clinical information to develop and carry out your individualized service plan (ISP). Other ESSNY/CPI staff may share your health/clinical information to coordinate different services you need, such as medical tests, respite care and transportation. We may also need to disclose your health/clinical information to your service coordinator and other providers outside of ESSNY/CPI who are responsible for providing you with the services identified in your ISP or to obtain new services for you. ESSNY/CPI may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Payment:** ESSNY/CPI will use your health/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. For example, we may need to provide the NYS Department of Health (Medicaid) with information about the services you received from ESSNY/CPI or through a waiver program so they will pay us for the services. Also, we may disclose your health/clinical information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services. These disclosures may be part of the regulations mandated for the services you receive under Medicaid guidelines.
- **Health Care Operations:** ESSNY/CPI will use and disclose health/clinical information in order to conduct our normal business operations. These uses and disclosures are necessary to operate our programs and to make sure all consumers receive appropriate, quality care. For example, we may use health/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 for on-the-job training. We will share your health/clinical information for such administrative operations as obtaining legal services, conducting fiscal audits, resolving complaints and for fraud and abuse detection and compliance. We may also disclose health/clinical information to our business associates who need access to the information to perform administrative or professional services on our behalf. We may contact you with regard to our fundraising events.

Other Uses and Disclosures that Do Not Require your Authorization

In addition to treatment, payment and health care operations, ESSNY/CPI will use your health/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 of spreading the disease;
- To report domestic violence and adult abuse or neglect to government authorities if you agree or if we feel this is necessary to prevent serious harm;
 - For health oversight activities, including audits, investigations, surveys, inspections and licensure. 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 receipt of government benefits in which you are subject;
 - For judicial and administrative proceedings, including hearings and disputes. If you or your estate are involved in a court or administrative proceeding we will disclose health/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, regarding a victim of a crime, a death, criminal conduct and in emergency circumstances to report a crime;
 - 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 when you have agreed to participate in the research or when an Institutional Review Board or Privacy Committee has approved the use of the health/clinical information for the research purposes;
 - To prevent or lessen a serious and imminent threat to your health and safety or someone else's. In an emergency situation and/or in the event of harm to yourself or others we may disclose health/clinical information to avert or lessen a serious situation.
 - To authorized 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 governmental agencies that administer public benefits if necessary to coordinate the covered functions of the programs;
 - To the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

Uses and Disclosures that Require Your Agreement or Authorization

ESSNY/CPI may disclose health/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 types of uses and disclosures not described in this Notice, ESSNY/CPI will use or disclose health/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 and for marketing purposes. Note: If you cannot give permission due to an emergency, ESSNY/CPI may release health/clinical information in your best interest. We must tell you as soon as possible after releasing the information.

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

Changes to This Notice

ESSNY/CPI reserves the right to change this notice at any time. We reserve the right to make the revised notice effective for all health/clinical information we already have about you as well as any health/clinical information we receive in the future. The effective date of this notice and any revised notice may be found on the bottom of each page. Any revised notice will be posted on our website at www.essny.com and on www.capabilitiespartnership.com and posted in all our offices. You may always get a copy of our current notice by asking your ESSNY/CPI staff person who provides you service or by calling (845) 627-0627.

Use of E-Mail

You may wish to communicate with the staff at ESSNY/CPI via e-mail. This is possible however you must be aware that such communication is not secure and could be intercepted by a third party. Hence, ESSNY/CPI cannot and will not take any responsibility for the security and privacy of information you transmit in this manner. For your protection, you should avoid sending any identifying information, such as social security number, through e-mail. ESSNY/CPI staff will not send any protected health information via an e-mail.

Complaints

If you believe your privacy rights have been violated you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Janice W. Gay, Privacy Officer and Executive Director at ESSNY/CPI's main offices at One Blue Hill Plaza, Suite 340, Pearl River, New York 10965 or call (845) 627-0627. All complaints must be submitted in writing. No one will retaliate or take action against you for filing a complaint.

Further Information

If you have any questions with regard to our Privacy Policy or if you would like further information, please contact the ESSNY/CPI worker who is your service provider or call the Privacy Officer of ESSNY/CPI at (845) 627-0627.

Acknowledgement of Receipt of Privacy Notice

I have received a copy of the Notice of Privacy Practices of the Epilepsy Society of Southern New York and Capabilities Partnership, Inc. dated April 14, 2003 / Updated March 1, 2006.

I acknowledge that I have been provided with a copy of this document and have therefore been advised of how medical information about me may be used and disclosed by ESSNY/CPI.

If I have any questions with regard to this notice I understand that I can approach the ESSNY/CPI staff person who provides services to me or I can call (845) 627-0627.

Signature of Consumer or Personal Representative

Print Name of Consumer or Personal Representative

Date

Description of Personal Representative's Authority

Please mail this form to:

**Privacy Officer
Epilepsy Society of Southern New York
Capabilities partnership, Inc.
One Blue Hill Plaza Suite 340
Pearl River, New York 10965
Or fax: (845) 627 – 0629**