

## **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.

In order to provide you with high-quality services, The Children's Home of Poughkeepsie collects, creates and maintains health information about you. We are required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how we use and disclose your information, and explains certain rights you have regarding this information. We are required by law to provide you with this Notice and we will comply with its terms during the period when it is in effect.

The term "you" in this Notice means the child or family to whom we are providing services.

### **What Information We Protect**

We protect any information that identifies you or could be used to identify you that relates to your health, your treatment or your health insurance benefits. Your name, address and other basic identifying information is protected even if unaccompanied by information about your health, treatment or benefits.

### **How We Use and Disclose Your Health Information**

The following is a list of the ways that we may use and disclose your health information. We will use and disclose your health information only for one of the reasons on this list. In certain cases, we provide examples of the types of uses or disclosures that fall within a particular category. These examples are intended to help you understand what these categories mean; they do not cover every type of use or disclosure within each category. In addition, more restrictive rules may apply to certain types of sensitive health information such as HIV/AIDS records

1) Treatment, Payment and Health Care Operations. We may use and disclose your health information without your written authorization to carry out treatment, payment and health care operations:

a. *Treatment:* We may use and disclose your health information to treat you or to assist other providers from whom you are receiving health care services. For example, two professionals at The Children's Home of Poughkeepsie who are treating you may share information with one another to coordinate their treatment. Likewise, if you are admitted to a hospital, we may provide the hospital with information about the services we have provided you to assist the hospital in delivering appropriate care. We may disclose your health

care information to doctors and their staff who provide treatment for residents and have a business arrangement with The Children's Home of Poughkeepsie.

b. *Payment:* We may use and disclose your health information to obtain payment for our services or to assist other health care providers with their payment activities. For example, we may submit claims for reimbursement to the Medicaid program or to a private insurer that is providing you with health insurance coverage.

c. *Health Care Operations:* We may use and disclose health information about you to carry out general business and health care operations. These operations include quality improvement activities, evaluating the performance of our health care practitioners and resolving any complaints or grievances you may have. For example, we may allow a consulting nurse to review your medical chart as part of a program designed to identify whether you have received all recommended health services. We may also use and disclose your health information to assist other health care providers and health plans in performing certain health care operations, such as quality assessment and improvement, reviewing the competence and qualifications of health care providers and conducting fraud detection or compliance. As part of our Quality Assurance Practices, members of the Board of Managers of The Children's Home of Poughkeepsie may review your records. We may disclose your records to our legal services as part of our agency operations.

- We will disclose your records to the representatives of the county department of social services that has custody of The Children's Home of Poughkeepsie resident.

We may disclose your records to The Office of Children and Family Services that licenses our programs, and to The Council on Accreditation that accredits our programs.

We will disclose your records to the Family Court that has jurisdiction over The Children's Home of Poughkeepsie resident.

d. *Appointment Reminders:* We may use and disclose your health information to remind you about appointments you have made to receive health care services or to encourage you to make such appointments.

e. *Treatment Alternatives.* We may use and disclose your health information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

2) Family Members or Friends and Facility Directories

a. *Family Members or Friends:* We may share information about you with family members or friends assisting you in obtaining treatment or benefits, but only if you do not object. In these cases, we will share only the information that is necessary for the family member or friend to assist you. We may also notify a family member or friend about your general condition or your death. In some cases, we will share information with a disaster relief organization such as the Red Cross that is assisting with notification efforts.

b. *Facility Directory:* If you are a resident in one of our facilities, we may share information about you from our facility directory with individuals who ask for you by name, but only if you do not object. We will limit the information we share through the facility directory to your location.

3) Public Interest Purposes We may use and disclose your health information without your written authorization for certain public interest purposes permitted or required by law:

a. *As required by law:* we may use and disclose your health information as required by state, federal or local law.

b. *For public health activities:* We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.

c. *About victims of abuse, neglect or domestic violence:* We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect or domestic violence and you agree to the disclosure or the disclosure is required or permitted by law.

d. *For health oversight activities:* We may disclose your health information to health oversight agencies for oversight activities authorized by law, such as, audits, investigations, inspections and licensing surveys.

e. *For judicial and administrative proceedings:* We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

f. *For law enforcement purposes:* We may disclose your health information to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive or missing person; complying with a court order, subpoena or administrative request; providing information about a victim of a crime or reporting a death that may be the result of a crime.

g. *About deceased individuals:* We may disclose your health information to a coroner or medical examiner for purposes such as identifying a deceased person or determining a cause of death. We may also disclose your health information to a funeral director as necessary to assist such a person in carrying out his or her duties.

h. *For organ, eye or tissue donations.* We may disclose your health information to organ procurement organizations and similar entities for the purpose of assisting them in organ, eye or tissue donation or transplantation activities.

i. *For research.* We may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our clients. We will use or disclose your health information for research purposes only with the approval of appropriate New York State officials and our Institutional Review Board (IRB), which must follow a special approval process that ensures the protection of your privacy.

j. *To avert a serious threat to health or safety:* We may use or disclose your health information to prevent or lessen a serious and immediate threat to your health or safety or to the health or safety of another person or the general public. We will disclose your health information for this purpose only to someone who may be able to prevent or lessen this type of threat.

k. *For specialized government functions:* We may use or disclose your health information to provide assistance for certain types of government activities.

l. *For workers' compensation:* We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

4) Obtaining Your Authorization for Other Uses and Disclosures. The Children's Home of Poughkeepsie will not use or disclose your health information for any purpose not specified in this Notice without your written authorization. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for this purpose, except to the extent we have already relied on your authorization. You are not required to sign an authorization form and we will not deny you treatment if you refuse to do so unless the treatment is being provided for the sole purpose of creating information for disclosure to a third party.

5) Special Rules for Sensitive Health Information. HIV-Related Information. HIV related information is subject to special protection under New York law. We will disclose your HIV-related information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to health care providers for treatment or payment purposes; (ii) in connection with organ and tissue donation and transplantation; (iii) to accreditation and oversight bodies; (iv) to a government agency as required by law; (v) to health insurers for reimbursement purposes; (vi) in response to a court order; (vii) to the medical director of a correctional facility; (viii) to the Commission of Corrections for health oversight purposes; or (ix) to funeral directors.

Who May Exercise Your Rights

If you have the capacity to make health care decisions on your own behalf under the law, you may exercise your rights under this Notice; otherwise, a parent or legal guardian may exercise your rights. A person who is entitled to exercise your rights must sign any authorizations or give any other approval or permission required by this Notice.

## Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

1) Right to Inspect and Copy. You have the right to inspect or request a copy of health information we maintain about you, such as medical or billing records. Your request should describe the information you want to review and the format in which you want to review it; for example, whether you want to inspect your records at our offices, receive paper copies or get the information on a computer diskette. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may also charge you a reasonable fee for copies to cover our costs. While, as indicated above, if you do not have the capacity to make your own health care decisions, a parent or guardian may usually exercise your rights under this Notice, under New York law, a parent or legal guardian must generally obtain a court order to gain access to your records. However, actual or prospective foster parents or adoptive parents may have access to certain protected health information at the time of placement in accordance with New York law.

Under Federal Law, however, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding. Regulations allow the agency to not disclose certain information when it is determined to not be in the best interest of the resident.

Under New York State Social Services Law, foster care residents and previous foster care residents and their families may not be granted access to their foster care records without a court order.

2) Right to Request Amendments. You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. We do not have to agree to make the changes you request. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records.

3) Right to an Accounting of Disclosure. You have the right to receive a list of certain disclosures of your health information that have been made by The

Children's Home of Poughkeepsie. The list will generally not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time periods for which you want this list, which can be no longer than six years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee.

4) Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your health information for certain purposes. We do not have to agree to the restrictions you request.

5) Right to Request Confidential Communications. You have the right to ask us to send health information to you in a different way or at a different location if you believe that will provide you with additional privacy protection. For example, you may ask us to send mail to your work address rather than your home address. You should state in your request if you believe you will be endangered by our ordinary form of communication, but you do not have to explain why you believe this is the case. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests.

6) Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically. You may also print out a copy of this Notice by going to our website at ([www.childrenshome.us](http://www.childrenshome.us)). You may exercise any of the rights specified in paragraphs 1 – 6 above by writing to The Director of Social Services at The Children's Home of Poughkeepsie, 10 Children's Way, Poughkeepsie, NY 12601.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with The Children's Home of Poughkeepsie or the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by writing to The Director of Social Services at The Children's Home of Poughkeepsie, 10 Children's Way, Poughkeepsie, NY 12601. You will not be penalized or retaliated against by The Children's Home of Poughkeepsie for filing a complaint.

### **Changes to this Notice**

We may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received by us before or after the date on which

the Notice is changed. We will provide you with a copy of the revised notice upon request and we will post it in our Agency.

**Additional Information**

If you have any questions or would like additional information about this Notice or The Children's Home of Poughkeepsie's privacy practices, please contact The Director of Social Services at The Children's Home of Poughkeepsie, 10 Children's Way, Poughkeepsie, NY 12601 or at (845) 452-1420.

**Effective Date**

This Notice of Privacy Practices is effective as of April 14, 2003.

Revised: 05/15/03