



TRINITY ASSISTANCE CORPORATION

Notice of HIPAA Privacy Practices

THIS NOTICE DESCRIBES HOW IDENTIFIABLE 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. If you have any questions about this notice, please contact our privacy officer at (585) 861-6817 or your DDSO contact person.

Our Privacy Commitment to You

At Trinity Assistance, 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 Trinity uses and discloses information about you. It describes your rights and what Trinity's responsibilities are concerning information about you.

1. Who will follow this notice:

All people who work for Trinity in our Medicaid Service Coordination and respite services program and in our administrative offices will follow this notice. This includes **employees**, persons Trinity contracts with who are authorized to enter information in your clinical record or need to review your record to provide services to you, and **volunteers** that Trinity allows to assist you.

2. What information is protected:

All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, social security number, your medical information, your individualized service plan, and other information (including photographs and other images) about your care in our programs. In this Notice, we refer to protected information as "clinical information".

Your Clinical Information Rights

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

- You have a right to see or inspect your clinical information and obtain a copy. Some exceptions apply, such as records regarding incident reports and investigations, and information compiled for use in court or administration proceedings.
- If we deny your request to see your clinical information, you have the right to request a review of that denial. Professionals chosen by Trinity who were 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 Trinity to change or amend clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by Trinity 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 Trinity has made of your clinical information. The list, however, does not include certain disclosures, such as those 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 that Trinity communicates with you in a way that will help keep your information confidential.
- You have the right to request a restriction on uses or disclosures of your clinical information related to treatment, payment, health care operations and disclosures to involved family. Trinity, however, is not required to agree to your request.

- To request access to your clinical information or to request any of the rights listed here, you may contact the Trinity Assistance Privacy Officer: (585) 861-6817.

NOTE: Trinity Assistance requires you to make your requests in writing.

Trinity's Responsibilities for Your Clinical Information

Trinity is required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this notice of our legal duties and practices concerning the clinical information we have about you
- Follow the rules in this notice. Trinity will use or share information about you only with your permission except for the reasons explained in this notice.
- Tell you if we make changes to our privacy practices in the future. If significant changes are made, Trinity will give you a new notice and post a new notice on our website at <http://trinityassistance.org>

How Trinity Uses and Discloses Clinical Information

Trinity may use and disclose 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:** Trinity will use your clinical information to provide you with treatment and services. We may disclose clinical information to doctors, nurses, psychologists, social workers, qualified mental retardation professionals (QMRPs), developmental aides, and other Trinity personnel, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your clinical information to develop and carry out your individualized service plan (ISP). Other Trinity staff may share your clinical information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your clinical information to your service coordinator and other providers outside of Trinity who are responsible for providing you with the services identified in your ISP or to obtain new services for you.
- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.
- **Payment:** Trinity will use your 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 in our facility or through one of our HCBS waiver programs so they will pay us for the services. In addition, we may disclose your clinical information to receive prior approval for payment for services you may need. Also, we may disclose your 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.
- **Health Care Operations:** Trinity will use clinical information for administrative operations. These uses and disclosures are necessary to operate Trinity programs and residences and to make sure all individuals receive appropriate, quality care. For example, we may use 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 to clinicians and other personnel for on-the-job training. We will share your clinical information with other Trinity staff for the purposes of obtaining legal services through Trinity Counsel's Office, conducting fiscal audits, and for fraud and abuse detection and compliance through our Division of Quality Assurance and Office of Internal Affairs. We will also share your clinical information with Trinity staff to resolve complaints or objections to your services. We may also disclose clinical information to our business partners who need access to the information to perform administrative or professional services on our behalf.

Other Uses and Disclosures that Do Not Require your Permission

In addition to treatment, payment and health care operations, Trinity will use your 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 necessary to prevent serious harm;
- For **health oversight activities**, including audits, investigations, surveys and 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 the subject;
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose clinical information if the judge or presiding officer orders us to share the information;
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse;
- 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 and the Institutional Review Board or Privacy Committee has approved the use of the clinical information for the research purposes;
- To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's;
- 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.

Uses and Disclosures that Require Your Agreement

OMRDD may disclose 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 location should a disaster occur.

Authorization Required for All Other Uses and Disclosures

- For all other types of uses and disclosures not described in this Notice, Trinity will use or disclose 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, Trinity may release clinical information in your best interest. We must tell you as soon 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 clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain clinical information that indicates the services we have provided to you.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all clinical information that Trinity maintains. We will post the new notice with the effective date on our website at <http://trinityassistance.org> and in our facilities. In addition, we will offer you a copy of the revised notice at your next scheduled service planning meeting.

Complaints

If you believe your privacy rights have been violated you can file a complaint by mail or fax to:

- Trinity Assistance Privacy Officer:
3545 Buffalo Road, Suite 2
Rochester, NY 14624
Phone: (585) 861-6817 ext. 20
Fax: (585) 672-6551
- Regional OPWDD Region 1 Finger Lakes DDRO Director
620 Westfall Rd.
Rochester, NY 14620
Phone: (585) 461-8500
Fax: (585) 461-0618
- The Secretary of the Federal Dept. of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20210
Phone: 1-877-696-6675
- Office for Civil Rights, Region II Office
Jacob Javits Federal Building, 26 Federal Plaza, Suite 3313
New York, NY 10278
Phone: (212) 264-3313
Fax: (212) 264-3039
or by email: OCRComplaint@hhs.gov

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



TRINITY ASSISTANCE CORPORATION

Notice of Privacy Practices

Privacy Notice-Acknowledgment of Receipt

New federal regulations require Trinity Assistance Corporation to send a Privacy Notice to everyone who gets services from Trinity Assistance Corporation. These regulations are known as the HIPAA Privacy rule. HIPAA is short for the Health Insurance Portability and Accountability Act of 1996.

The HIPAA Privacy rule DOES NOT CHANGE the way you get services from Trinity Assistance Corporation. It does not change the privacy rights that you have always had under New York State Mental Hygiene Law. The HIPAA Privacy rule requires Trinity Assistance Corporation to take some additional steps to make sure you are aware of your privacy rights.

By signing this acknowledgment form you are confirming that you have received copy of Trinity Assistance Corporation's Privacy Notice and understand that you can contact the people listed in the Privacy Notice to get more information about your privacy rights with Trinity Assistance Corporation.

Name of Individual (please print)	
_____	_____
Individual's Signature	Date

If Applicable, when the Individual is not able to understand the Privacy Notice:

Name of Representative: _____

Address of Representative: _____

Relationship to the Individual: _____

Signature: _____ Date: _____

Please return this form to:
Trinity Assistance Corp. Privacy Officer
3545 Buffalo Rd Suite 2
Rochester NY 14624



TRINITY ASSISTANCE CORPORATION

Notice of Privacy Practices

Dear Individual:

Attached is a notice that describes how Trinity Assistance uses your clinical information and protects your privacy. Please review it carefully.

Federal regulations require us to send this notice to everyone who gets services from Trinity Assistance Corporation. These regulations are known as the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The HIPPA Privacy rule does not change the way you get services from Trinity Assistance Corporation. It does not change the privacy rights that you have always had under the NY State Mental Hygiene law. The Privacy rule requires Trinity Assistance Corporation to take some additional steps to make sure you are aware of your privacy rights. You can expect to receive a Privacy notice from everyone who provides or pays for your health care.

Please take time to read the Trinity Assistance Corporation Privacy notice. It has details how Trinity Assistance Corporation uses and discloses your clinical information. The notice also tells you who to contact for more information about the privacy of your clinical information.

We hope this information helps you to better understand your privacy rights regarding your clinical information. If you have any questions regarding this notice please contact the Trinity Privacy Officer at (585) 861-6817 ext.20.

Sincerely,

Trinity Privacy Officer